

ORIGINAL

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

23  
1/8/02  
FILED  
HARRISBURG, PA

JAN 07 2002

JOAN D. TESCHE

vs.

CNA INSURANCE COMPANIES and  
CONTINENTAL CASUALTY COMPANY

CIVIL ACTION

MARY E. D'ANDREA, CLERK  
Per Deputy Clerk

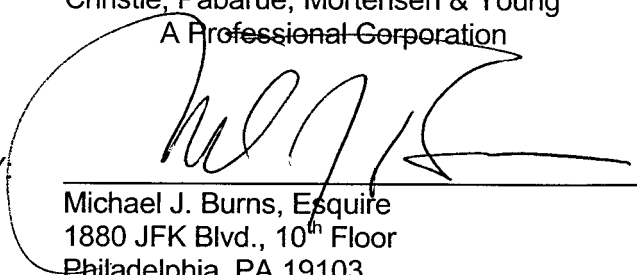
NO. 1:CV-01-0326  
(William W. Caldwell, J.)

EXHIBITS TO SUPPORT DEFENDANT CONTINENTAL CASUALTY COMPANY'S  
MOTION FOR SUMMARY JUDGMENT

- A. Continental's Claim File for Plaintiff's Long Term Disability Benefit Claim, in relevant part; and
- B. Continental's Group Long Term Disability Insurance Policy issued to AMP Incorporated.

Christie, Pabarue, Mortensen & Young  
A Professional Corporation

BY:

  
Michael J. Burns, Esquire  
1880 JFK Blvd., 10<sup>th</sup> Floor  
Philadelphia, PA 19103  
215-587-1600

FR803

SPECIAL RISKS ACCOUNT INFORMATION LTD REPORT

10/09/97

## \*\*\*\*\* ACCOUNT/POLICY CONTRACT INFORMATION \*\*\*\*\*

ACCT NAME: AMP INC

ADDRESS 1: ATTN: MS. JODI FREEBURN

ADDRESS 2: P.O. BOX 3608

CITY: HARRISBURG

STATE: PA

ZIP: 17105

CONTACT: MS JODI

FREEBURN

PHONE: 717-592-4034

ACCT NO OF ELIG EES: 14667

POL NO: 0083089679

CUST NO: 0116855372

DIST/UWR CDS: 06/58

PR: 04

ENROLL CDS AVAIL: E

NO OF LOC/CLS: 1/ 1

POL ON LAN IND: N CO: 1

POL EFF DT: 01/01/95

ANNIV DT: 01/01/96

STATUS CD: N

POL DATA EFF DT: 12/19/95

STATUS DT: 01/01/95

POL TYPE CD: P

POL FORM NO: P1-69487-A

PROD TYPE: LTD

CAT CD: 1

## \*\* ADMINISTRATION INFORMATION \*\*

ASSURED ACCESS INDICATOR: Y

EXPERIENCE CODE-CURRENT/PREVIOUS: 3/3

## \*\* PRODUCER INFORMATION \*\*

BR/PROD/SUB CODES: 300-209957-0000

PROD NAME: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

CONTACT: MR. FRANK

WARD

PHONE: \_\_\_\_\_

## \*\* ASO INFORMATION \*\*

ASO ADVICE TO PAY IND: N

BANK ACCOUNT NUMBER:

ACCT SIC CODES: 3678

NOTE: SUPPLEMENTAL LTD INSURANCE

CCC000112

FR803

## SPECIAL RISKS ACCOUNT INFORMATION LTD REPORT

10/09/97

## \*\*\*\*\* LOCATION INFORMATION \*\*\*\*\*

POL/LOC CDS: 0083089679-001 NO OF CLASSES: 1 NO OF ELIG EES:

LOC BUSINESS DESC: MFG. ELECTRONIC AND ELECTRICAL DEVICES

LOC EFF DT: 01/01/95  
LOC DATA EFF DT: 06/06/96STATUS CD: C  
STATUS DT: 01/01/95LOC NAME: AMP INCORPORATED  
ADDRESS 1: ATTN: MS. JODI FREEBURN  
ADDRESS 2: P.O. BOX 3608  
CITY: HARRISBURG

STATE: PA ZIP: 17105-3608

CONTACT: MS. JODI  
PHONE: 717-592-4034

FREEBURN

CHECK/EOB DIST CD: A EMPLOYER TAX ID NO: 36-2114545 W2 IND: Y

LOC SIC CDS: 3678 PRINT FREQ: Q

NOTE: SUPPLEMENTAL LTD INSURANCE

## \*\*\*\*\* CLASS INFORMATION \*\*\*\*\*

POL/LOC/CLS CDS: 0083089679-001-001 CLASS NO OF ELIG EES: 14677

CLASS DESC CODE: OE DESC: SEE POLICY F/T HRS/WK: 32.0

CLS EFF DT: 01/01/95  
CLS DATA EFF DT: 02/11/97STATUS CD: C  
STATUS DT: 01/01/95CURR EE ELIG WT PER CD: D NO: 1 ER CNTRIB %: 100.0  
NEW EE ELIG WT PER CD: D NO: 1 EE TAX CODE:

NOTE: SEE POLICY FOR WAITING PERIODS &amp; ELIGIBILITY (SUPPLEMENTAL LTD POLICY)

## \*\*\*\*\* COVERAGE INFORMATION - REINSURANCE \*\*\*\*\*

EFF DT: 01/01/95 ADV TO PAY: N TYPE CD: L CO CD/NM: ~ 0054/NWNL  
STATUS DT: 01/01/95 STATUS CD: N BASIS CD: S ASSUMED CCC %:  
Q/S CED %: 00.00 SURPLUS CED AMT: 8000 EXCESS CED AMT:  
Q/S RET %: 00.00 SURPLUS RET AMT: 10000 EXCESS RET AMT:

FR803

## SPECIAL RISKS ACCOUNT INFORMATION LTD REPORT

10/09/97

## \*\*\*\*\* COVERAGE INFORMATION \*\*\*\*\*

POL/LOC/CLS: 0083089679-001-001 AGT PD TYPE: C MAX LIMIT AUTH: 0000  
 LRG/SML GRP POL: P RISK CODE: 7700

COV EFF DT: 01/01/96 STATUS CD: C  
 COV DATA EFF DT: 07/02/97 STATUS DT: 01/01/96

\*\*\*\*\* PLAN \*\*\*\*\* \* A \* \* B \* \*\* INTEGRATION SOURCES \*\*

LTD % SAL:	60.000	PRIM SS DIS:	Y
MAX MO BEN AMT:	\$18000	PRIM SS RET:	Y
1ST DOL AMT:	\$0.00	FAM SS DIS:	N
EXCESS % OF SAL:	0.000	FAM SS RET:	N
MAX INS SAL AMT:	\$30000.00	STD:	Y
ELIM PER CD:	D	WORK COMP:	Y
ELIM PER NO:	180	STATE PLAN:	Y
DEF OF SAL CD:	O	EMP GRP INS:	Y
OWN OCC MAX PER:	24	NO FLT AUTO:	N
MPP ADEA CD:	2	PRFT SHARE:	N
MPP AGE SICKNESS:	65	RETIRE PLAN:	Y
MPP MO SICKNESS:		SICK LEAVE:	Y
MPP AGE ACCIDENT:	65	OTHER:	N
MPP MO ACCIDENT:			

\*\* INTEG TYPE \*\* CODE: P BACKDOOR %: 00.000 SS AWARD FROZEN: Y

\*\* MINIMUM MONTHLY BENEFIT \*\* \*\* COST OF LIVING ADJUSTMENT \*\*

MIN INDEM BEN CD:	B	COLA CODE:	N
FLAT DOL AMT:	50	% PER INCREASE MAX:	0
PERCENT:	10	STARTING MO:	0
APPLIES TO REHAB:	N	YEARS/NO INC:	0

DESC:

\*\* OTHER COVERAGE FEATURES \*\* RIDER NO: 3 PRE-X EBP FROM/TO: 3/12

RECUR PER CODE:	M	BEN PER:	6	CONTINUITY OF COV:	Y
MENTAL/NERVOUS IND:	Y	BEN PER:	24	PREG EXCL IND:	Y
SURVIVOR BEN IND:	Y	BEN PER:	6	MIN BEN-SPEC LOSS:	N
REHAB BEN CODE:	RO	OFFSET%:	50.000	MAX PER:	99
PARTIAL DIS IND:	N	REDUCT%:	0.000	NO OFF MOS:	0
RESIDUAL DIS IND:	N	SAL ADJ%:	0	MAX PER:	0
				LIMIT CNT:	0

NOTE: SUPPLEMENTAL LTD POLICY. ADDED: DRUG & ALCOHOL EXCLUSION!!!

CCC000114

## **CNA GROUP BENEFITS**

CNA Group Benefits  
P O Box 946710 Maitland FL 32794-6710

**Jon Holland**

Claims Team Leader  
National Accounts

Telephone (800) 303-9744 x6288  
Facsimile (407)919-6410

April 12, 2000

Steven Courtney  
Attorney at Law  
PO Box 5300  
Harrisburg, PA 17110-0300

Claimant: Joan Tesche  
Claim No.: 94-34900P1702  
Policy No.: 083089679  
Continental Casualty Company

Dear Mr. Courtney:

This will acknowledge receipt of your letter dated April 7, 2000.

We previously received your letter dated April 4, 2000 regarding the Appeals Committee's determination on your client's long-term disability claim. We requested the claim file form storage and faxed a copy of the Appeal Committee's decision to you on April 6, 2000. We have confirmation of that fax at 4:13 PM on that date.

If for some reason, you still have not received a copy of the decision, we have enclosed another copy with this correspondence.

Sincerely,

cc: Ms. Joan Tesche

P. 1

\* \* \* TRANS JSION RESULT REPORT ( APR. 6.2000 4:14PM ) \* \* \*

DATE	TIME	ADDRESS	MODE	TIME	PAGE	RESULT	PERS. NAME	FILE
APR. 6.	4:13PM	717 234 9478	TES	1'17"	P. 3	OK		528

TTI NAT'L ACCT. UNDERWRITING

# : BATCH  
M : MEMORY  
S : STANDARD

C : CONFIDENTIAL  
L : SEND LATER  
D : DETAIL

\$ : TRANSFER  
@ : FORWARDING  
F : FINE

P : POLLING  
E : ECM  
> : REDUCTION

GCC000116

## Here's The FAX fr☺m CNA

Date 4/6/00  
To Steven Courtney Location \_\_\_\_\_  
Fax Number 717 234-9478 Tel. Number 717 238 8187  
Number of Pages 3  
Including Cover Sheet

Special Instructions:

Per your request, claim file was retrieved from storage  
and the original letter of decision was made on 4/2/00  
Copy 2 shows date of termination in enclosed copy letter attached

From Jon Holland

Location S.R. Maitland

Fax Number (407) 919-6410

Customer Svc. (800) 262-7997 ext. 4600

Phone Number (800) 303-9744 ext. 6288

## **CNA GROUP BENEFITS**

Group Disability-Claim Administration  
PO Box 946710 Maitland FL 32794-6710

**Cheryl Sauerhoff**  
Claims Consultant  
Telephone 1-800-303-9744 x 6343

February 21, 2000

Steven Courtney  
Metzger, Wickersham, Knauss & Erb, PC  
3211 North Front St.  
PO Box 5300  
Harrisburg, PA 17110-0300

Claimant: Joan Tesche

Claim No: 94-34900P1702  
Policy No: 0083089679

Dear Mr. Courtney:

The Long-Term Disability claim of the above-mentioned claimant has been referred to Appeals pursuant to the receipt of your letter. A comprehensive review of the file has been completed and the results of the review do not alter the Company's original decision to terminate benefits.

*The Long Term Disability Policy indicates that during the 180-day elimination period and the 24-month Employee Occupation period, the Insured Employee, because of Injury or Sickness is:*

- Continuously unable to perform the substantial and material duties of the regular occupation;*
- Under the regular care of a licensed physician other than the Insured Employee; and*
- Not gainfully employed in any occupation for which you are or become qualified by education, training or experience.*

*After the Monthly Benefit has been payable for the Insured Employee Occupation period of 24 months, "Total Disability" means that, because of Injury or Sickness, the Insured Employee is:*

- Continuously unable to engage in any occupation for which he is or becomes qualified by education, training or experience; and*
- Under the regular care of a licensed physician other than himself.*

The date of loss was 5/3/97. The attending physician statement was completed by Dr. Rubenstein dated 9/19/97 for a diagnosis of "chronic back pain". Ms. Tesche's occupation is noted as systems procedure analyst. The noted restrictions are cannot perform heavy lifting, climbing, bending and tolerates prolonged sitting poorly.

The claimant was found to be disabled from her occupation and paid benefits for the 24 month own occupation period commencing after the 180-day elimination period. Based on the claimant's age, experience, geographic location, salary, education and the medical restrictions given by the treating physician, it was determined that the claimant was not totally disabled from any occupation. Those occupations were detailed in the 10/7/99 letter and will not be revisited at this time.



Policy No: 0083089679

-2-

All information has been reviewed and indicated that the claimant is not less than sedentary in the physical demand level for occupational work. The medical documentation does not reflect this level of severity.

The information submitted by Dr. Rubenstein does not support a less than sedentary status, whether in 1999 or previous to this time. Dr. Rubenstein's records, in particular, dated 1997 and 4/17/98 state that the claimant is actively searching for work within her physical limitations. His rendition of the claimant's physical capacity to perform shows standing up to one hour, sitting for one half hour, lifting and carrying 10-20 pounds, and walking for 3 hours per day. He claims that these limitations are "the patient's self-prescribed limitations". In 8/1997, the claimant was considered able to perform at a modified light medium physical capacity level by a physical therapist and Dr. Hartman.

Dr. Wolf was requested to give permanent restrictions for the claimant and on 5/11/99 he states that the claimant can sit and stand for one half hour at a time, lift 5 to 10 pounds, walk for 15 minutes and no bending, crawling, squatting. The claimant states that she could not perform her own occupation due to the prolonged sitting and after discussing this with the claimant, the vocational experts detailed occupations that would give the claimant the versatility to move about freely as she needs and are within the permanent restrictions outlined by Dr. Wolf. Dr. Wolf states that she could not return to her own occupation. The letter dated 12/22/99 from Dr. Wolf states that he feels that the occupations described would not be options for the claimant but does not state why. There is no detail of any functional impairment or any information relating to the claimant's inability to perform her activities of daily living.

While we appreciate Dr. Wolf's opinion, the any occupation determination is a vocational determination based on the claimant's permanent medical restrictions, geographic location, economic parity, age, experience, and education.

Therefore, based on the information contained within your claim file, we find that the decision to terminate benefits was correct and proper. You have exhausted your administrative remedies at this time and this decision is final and binding.

Sincerely,

Cheryl Sauerhoff  
Appeals Committee Member

CCC000119



SINCE 1888

3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

Other Offices

Colonial Park  
717-652-7020  
Mechanicsburg  
717-691-5577  
Shippensburg  
717-530-7515

7 April 2000

VIA FACSIMILE AND REGULAR MAIL

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

Dear Laura:

Please be advised that as of the date of this letter I have not received any response to my letter dated April 4, 2000 as well as the telephone messages that were left for you the previous week. I would appreciate if you would contact my office upon your immediate receipt and review of this correspondence. As I had stated in my previous letter and messages, I am requesting an update on the status of my client's claim relative to her eligibility to receive long-term disability payments. A decision from the Appeals Committee should have been made on or before March 30, 2000. However, as of the date of this letter, my office has not received any notification relative to her eligibility to receive long-term disability payments.

I would appreciate if you would contact my office upon your receipt and review of this correspondence to discuss this matter in greater detail. Your anticipated cooperation is appreciated.

Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

  
Steven C. Courtney

SCC/ae

cc Ms. Joan Tesche

Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Steven C. Courtney  
Heather L. Harbaugh  
Francis J. Lafferty, IV

Steven C. Courtney, Esquire



3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300

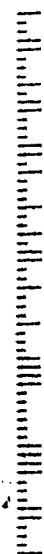
GROUP BENEFITS

APR 1 0 2000

MAITLAND

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

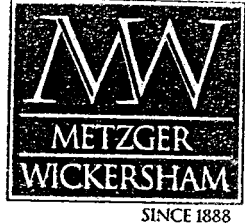
32794-6710



H METER 701706

0.33

U.S. POSTAGE



4 April 2000

VIA FACSIMILE AND REGULAR MAIL

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

Other Offices  
Colonial Park  
717-652-7020  
Mechanicsburg  
717-691-5577  
Shippensburg  
717-530-7515

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

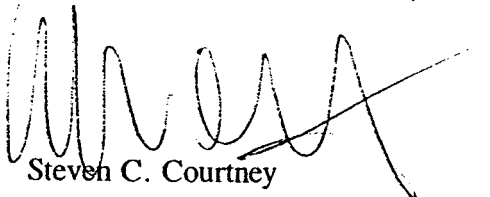
Dear Laura:

I have prepared this correspondence to serve as a follow up to my telephone call last week wherein I had requested an update as to the current status of my client's claim relative to her eligibility to receive long term disability payments. It was my understanding that my client's file was forwarded to the Appeals Committee for a ruling on her eligibility to receive long term disability payments. Moreover, the deadline for an answer from the Appeals Committee was on or about March 30, 2000.

Please be advised that as of the time of this letter I have not received any indication as to the status of my client's appeal. I would appreciate if you would contact my office to discuss this matter in greater detail. Your anticipated cooperation is appreciated.

Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

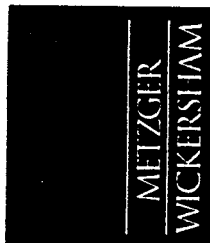


Steven C. Courtney

SCC/ae

cc Ms. Joan Tesche

Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Steven C. Courtney  
Heather L. Harbaugh  
Francis J. Lafferty, IV



3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300

GROUP BENEFITS  
APR 10 2000  
MAITLAND

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710



U.S. POSTAGE



00.37

H METER 701708

32794-6710





3211 NORTH FRONT STREET  
HARRISBURG, PA 17110-0300  
717-238-8187  
FAX: 717-234-9478

TO: Laura Collins

COMPANY:

FAX NO.: 1-407-919-6410

FROM: Courtney, Steven C.

DATE & TIME: Wednesday, Apr 5, 2000 7:22 a.m.

NO. OF PAGES (INCLUDING THIS PAGE): 2

SENDER COMMENTS:

*Jon  
the tech gave this  
to me - on DCS.  
it still has Laura's  
name assigned  
is it hers? if*

**CONFIDENTIALITY NOTE:** This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (717)238-8187, and return the original message to us at the above address via the U.S. Postal Service. Thank you.

CHRISTIAN S. FERGUSON, JR.  
ROBERT E. YETTER  
JAMES F. CARL  
ROBERT P. REED  
EDWARD E. KNABLE, IV\*  
JERED L. FLYNN  
KARL R. HILDABRAND\*  
RICHARD B. DRURY  
STEVEN P. MINER  
CLARK DEVERE  
RAMONA C. CATALDI

*\*Board Certified in civil  
trial law and advocacy  
by the National Board  
of Trial Advocacy*

4 April 2000

VIA FACSIMILE AND REGULAR MAIL

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

Dear Laura:

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Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

Steven C. Courtney

SCC/ae

cc Ms. Joan Tesche

Document #: 166853.1

CCC000125



SINCE 1888

11TH FRONT STREET  
IRG, PA 17110-0300  
187  
34-9478

TO: Laura Collins

014 34900211

COMPANY:

FAX NO.: 1-407-919-6402

uphold  
2/2/100

FROM: Courtney, Steven C.

DATE & TIME: Wednesday, Apr 5,

NO. OF PAGES (INCLUDING THIS PAGE):

SENDER COMMENTS:

**CONFIDENTIALITY NOTE:** This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (717)238-8187, and return the original message to us at the above address via the U.S. Postal Service. Thank you.

CHRISTIAN E. B. R.  
ROBERT E. YETTER  
JAMES F. CARL  
ROBERT P. REED  
EDUARDO KNABES, IV\*  
JERED L. HOCK  
KARL R. HILDABRAND\*  
RICHARD B. DREBY  
STEVEN P. MINER  
CLARK DEVIRE  
RAMON C. CATALI

\*Board Certified in civil  
trial law and advocacy  
by the National Board  
of Trial Advocacy



4 April 2000

VIA FACSIMILE AND REGULAR MAIL

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

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Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

Steven C. Courtney

SCC/ae

cc Ms. Joan Tesche

**Coates, Michaela Amelia (NXI)**

**From:** Holland, Jon W. (NXI)  
**Sent:** Wednesday, April 05, 2000 9:06 AM  
**To:** FL08 Facilities  
**Subject:** Joan Tesche 94-34900

Please pull this file for me. Thanks

24821  
Jon,  
Please. let Kelly Thorta  
know you have file  
She also has requested it  
Thanks



## File Activity Sheet

CLAIM NUMBER		Recorded Statement?		CLAIMANT	INSURED
9434900		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Jean D. Tesche	
DATE	ACTIVITY				AMP
10/7/99	Recd atty letter (Clark De Vere) on 9/20 requesting information to prepare for appeal. Sent copy of policy, copy of medical, initial claim forms, correspondence and vcc assessment, along with own occ termination letter. L. Collins				
	Separate letter to ER. L. Collins				
10/25/99	Letter recd fr. atty on 10/12 requesting copies of JD Deser. for vcc rev. jobs. Advised def faxed Ltr to obtain fr. local library. ER letter sent advising of termination. L. Collins				
11/3/99	Letter Recd fr. atty. wants copies of procedures (outlined in 10/7 letter). Sent copy of letter. L. Collins				
11/12/99	Another ltr fr. atty recd. Requesting info responded to on 11/3. Faxed Ltr. L. Collins				
12/3/99	Recd. appeal req. fr. atty - req. call to confirm. Called atty. See note. Wishes us to await med. L. Collins				
1/3/2000	Received medical info (letter fr. Dr. Wolf) for appeal				
1-3-2000	VCC & DDS reviewed w/ medical. vcc charge is decision. L. Collins				
1/3/2000	AC recd appeal. Cheryl Sauerhoff				
2/21/00	Appeal upheld & ltr drafted.				

G-39496-G

CCC000129



For All the Commitments You Make®

## File Activity Sheet

CLAIM NUMBER		Recorded Statement?	CLAIMANT	INSURED
9434900		<input type="checkbox"/> YES <input type="checkbox"/> NO	Joan D. Tesche	
DATE	ACTIVITY			
2/16/99	Dr. Rubenstein on 1/5/99. Advised her we will again fill on form and explained we need info to assess current status. L. Collins	AMP		
Cont'd	She also advised her current tx is to see a psychologist and to have trigger point injections.			
2/18/99	Rec'd updt fr. NCM. Dr. in that office only on certain days. NCM to file 2/24. L Collins			
3/11/99	Conf. w/ NCM. Need current restrictions. Will contact Clint and advise that Dr. Wolf. Will need to see her before commenting on rest. As of today she does not have an appt per Dr. Wolf's of. L Collins/G. Jim D.			
3/11/99	Slw Clint. She will set up appt. L Collins			
5/18/99	Slw Clint. States she had a Dr. appt on 5/13 and has completed our request and dictated a letter to us at that time. NCM to file 5/19/99. L. Collins			
6/2/99	Rec'd permanent restrictions from ap. Conf. w/ NCM. Will send file for voc assess. L. Collins/ M. Kelly			
6-9-99	Voc Review. Own occ only claim. DBS picky <sup>through</sup> <del>own occ paid and due GCP</del> <del>own occ payout. If unable to agree</del>			
7/26/99	OWN Occ Letter Sent. L. Collins			
8/24/99	Reviewed her Settlement - not appropriate since the remaining own occ period is not more than 6 months. Grand			

G-39496-C

OWN OCC ONLY  
8/24/99

## File Activity Sheet

Claim Number: 94-34900		Claimant: Joan D. Tesche	
DOH: 5/2/88	DX: Mr. B Pain	SDI? (Y) N	AMT: 409.13
EFF DT COV: 1/1/95	NORM:	ER %: 100	ELIM. PERIOD: 180
ELIG. PERIOD:	OCC: S+Paralyt <sup>assist</sup>	ER CONTACT: Judi / Melissa	
LDW: 5/2/97	CLASS: 1	ER PH. NO: (717) 592-4206	
DOL: 5/2/97	SALARY: ?	CLMT'S PH. NO: (717) 469-1151	
AGE AT DOL: 42	W/C? Y (N) AMT:	DON: 10/9/97	
PRE-X STD: Y (N)	PRE-X LTD: Y (N)	CNA STD: Y (N)	CNA LTD: (Y) N

DATE	ACTIVITY
10/14/97	Ncm + ds Conf. ds to contact ER conc. job req. and salary as dt given for salary is 5/5/97, dol 5/2/97. L. Collins
10/17/97	Lm for ER as above. L. Collins
10/28/97	Recd Sal fr. ER \$2229.50 eff 5/8/95.
11/5/98	Ncm + DS "Conf. Slw clmt. Ncm to contact ER for current status. DS Sw Greg Luty, Supr. Concerning accommodations. See attached for interview w/ Clmt. L. Collins
	nem to follow for ERW.
11/4/98	Issued benefits through current. Will send Ltr, cc er. L. Collins
	advised sup of status + possible accommodations once restrictions known. L. Collins
7/27/98	Faxed questions to Dr. Rubenstein w/ JAS. flu same 2 weeks. L. Collins
2/9/99	Recd updt from. Ncm. Unable to obtain Dr. form or Contact Clmt. Snap out part requesting pher been. Dicky two weeks. L. Collins
2/16/99	Slw Clmt. States she did not have medical coverage for the period of 9/98 through 12/98. States she did see another Dr. at the same office as

Contd.

## **CNA GROUP BENEFITS**

*Group Disability-Claim Administration*  
PO Box 946710 Maitland FL 32794-6710

**Cheryl Sauerhoff**  
Claims Consultant  
Telephone 1-800-303-9744 x 6343

February 21, 2000

AMP Inc.  
Attn: Jodi Freeburn  
PO Box 3608  
Harrisburg, PA. 17105

Claimant: Joan Tesche

Claim No: 94-34900P1702  
Policy No: 0083089679

Dear Ms. Freeburn:

The Long Term Disability claim of the above-mentioned claimant has been referred to Appeals. A comprehensive review of this file has been completed and the results of the review do not alter the Company's original decision to terminate benefits.

Sincerely,

Cheryl Sauerhoff  
Appeals Committee Member

## **CNA GROUP BENEFITS**

Group Disability-Claim Administration  
PO Box 946710 Maitland FL 32794-6710

**Cheryl Sauerhoff**  
Claims Consultant  
Telephone 1-800-303-9744 x 6343

February 21, 2000

Steven Courtney  
Metzger, Wickersham, Knauss & Erb, PC  
3211 North Front St.  
PO Box 5300  
Harrisburg, PA 17110-0300

Claimant: Joan Tesche

Claim No: 94-34900P1702  
Policy No: 0083089679

Dear Mr. Courtney:

The Long-Term Disability claim of the above-mentioned claimant has been referred to Appeals pursuant to the receipt of your letter. A comprehensive review of the file has been completed and the results of the review do not alter the Company's original decision to terminate benefits.

*The Long Term Disability Policy indicates that during the 180-day elimination period and the 24-month Employee Occupation period, the Insured Employee, because of Injury or Sickness is:*

- *Continuously unable to perform the substantial and material duties of the regular occupation;*
- *Under the regular care of a licensed physician other than the Insured Employee; and*
- *Not gainfully employed in any occupation for which you are or become qualified by education, training or experience.*

*After the Monthly Benefit has been payable for the Insured Employee Occupation period of 24 months, "Total Disability" means that, because of Injury or Sickness, the Insured Employee is:*

- *Continuously unable to engage in any occupation for which he is or becomes qualified by education, training or experience; and*
- *Under the regular care of a licensed physician other than himself.*

The date of loss was **5/3/97**. The attending physician statement was completed by Dr. Rubenstein dated 9/19/97 for a diagnosis of "chronic back pain". Ms. Tesche's occupation is noted as systems procedure analyst. The noted restrictions are cannot perform heavy lifting, climbing, bending and tolerates prolonged sitting poorly.

The claimant was found to be disabled from her occupation and paid benefits for the 24 month own occupation period commencing after the 180-day elimination period. Based on the claimant's age, experience, geographic location, salary, education and the medical restrictions given by the treating physician, it was determined that the claimant was not totally disabled from any occupation. Those occupations were detailed in the 10/7/99 letter and will not be revisited at this time.

Policy No: 0083089679

-2-

All information has been reviewed and indicated that the claimant is not less than sedentary in the physical demand level for occupational work. The medical documentation does not reflect this level of severity.

The information submitted by Dr. Rubenstein does not support a less than sedentary status, whether in 1999 or previous to this time. Dr. Rubenstein's records, in particular, dated 1997 and 4/17/98 state that the claimant is actively searching for work within her physical limitations. His rendition of the claimant's physical capacity to perform shows standing up to one hour, sitting for one half hour, lifting and carrying 10-20 pounds, and walking for 3 hours per day. He claims that these limitations are "the patient's self-prescribed limitations". In 8/1997, the claimant was considered able to perform at a modified light medium physical capacity level by a physical therapist and Dr. Hartman.

Dr. Wolf was requested to give permanent restrictions for the claimant and on 5/11/99 he states that the claimant can sit and stand for one half hour at a time, lift 5 to 10 pounds, walk for 15 minutes and no bending, crawling, squatting. The claimant states that she could not perform her own occupation due to the prolonged sitting and after discussing this with the claimant, the vocational experts detailed occupations that would give the claimant the versatility to move about freely as she needs and are within the permanent restrictions outlined by Dr. Wolf. Dr. Wolf states that she could not return to her own occupation. The letter dated 12/22/99 from Dr. Wolf states that he feels that the occupations described would not be options for the claimant but does not state why. There is no detail of any functional impairment or any information relating to the claimant's inability to perform her activities of daily living.

While we appreciate Dr. Wolf's opinion, the any occupation determination is a vocational determination based on the claimant's permanent medical restrictions, geographic location, economic parity, age, experience, and education.

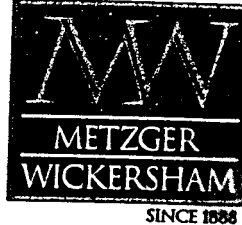
Therefore, based on the information contained within your claim file, we find that the decision to terminate benefits was correct and proper. You have exhausted your administrative remedies at this time and this decision is final and binding.

Sincerely,

Cheryl Sauerhoff  
Appeals Committee Member

CCC000134





3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-03  
717-238-8187  
Fax: 717-234-9478

**Other Offices**  
Colonial Park  
717-652-7020  
Mechanicsburg  
717-691-5577  
Shippensburg  
717-530-7515

10 January 2000

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

Dear Laura:

I have prepared this correspondence to serve as a confirmation of our telephone conversation on January 7, 2000 wherein you had indicated to me that the Ms. Tesche's file has been forwarded to the Appeals Committee for a ruling on her eligibility to receive long term disability payments. Moreover, you had indicated to me that I did not need to file a separate appeal in order to have this matter decided by the Appeals Committee.

If I have misunderstood or misrepresented any of the terms of our understanding, please immediately contact the undersigned in order that we may ensure that there are no misunderstandings in the future. Please contact my office with any questions or concerns.

Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

Steven C. Courtney

SCC/ae

cc Ms. Joan Tesche

Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Steven C. Courtney  
Heather L. Harbaugh  
Francis J. Lafferty, IV

Document #: 166853.1

\* Board Certified in civil  
trial law and advocacy  
by the National Board  
of Trial Advocacy

CCC000135

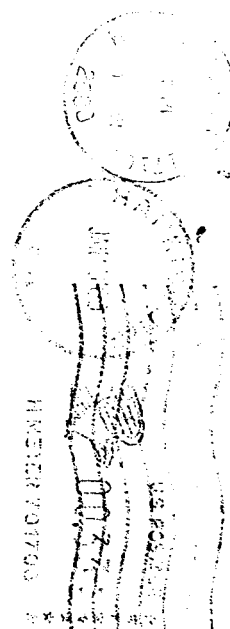
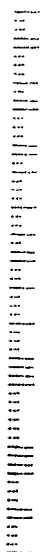


Steven C. Courtney, Esquire

3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

32794-6710



Recd  
by Collins  
1/27/00

94-34900



3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

124 West King Street  
Shippensburg, PA 17257  
717-530-7515  
Fax: 717-530-0734

# FACSIMILE TRANSMITTAL SHEET

DATE: 12/29/89  
TO: NAME: LAWA Collins  
COMPANY/FIRM: \_\_\_\_\_  
FAX NO.: \_\_\_\_\_  
FROM: Steve Courtney  
RE: Joan Fesche  
NO. OF PAGES (INCLUDING THIS PAGE): 4  
TIME: \_\_\_\_\_

## SENDER COMMENTS:

407-919-6402

## CONFIDENTIALITY NOTE:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (717) 238-8187, and return the original message to us at the above address via the U.S. Postal Service.

Thank you.

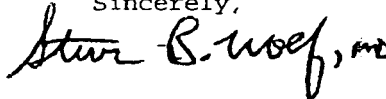
Christian S. Erb, Jr.  
Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Richard B. Druby  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Carrie L. Carroll

\*Board Certified in civil  
trial law and advocacy  
by the National Board  
of Trial Advocacy

RE: TESCHE, JOAN D.  
PAGE 2  
December 22, 1999

At this point, I do not feel that Mrs. Tesche is employable including these positions; telemarketer, customer service representative, motel night auditor and an automobile rental agent.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven B. Wolf, MD". The signature is written in a cursive, flowing style.

Steven B. Wolf MD

SBW/nyd

Sent via fax, original to follow

DAVID M. JOY, M.D., F.A.C.S.  
 ROBERT K. DALY, M.D.  
 ROBERT K. DARMUS, M.D.  
 WILLIAM W. DEMUTH, M.D., F.A.C.S.  
 JOHN R. FRANKET, M.D., F.A.C.S.  
 MARK R. GRUBB, M.D.  
 RICHARD H. HALLOCK, M.D.  
 JAMES R. HAMSHIER, M.D., F.A.C.S.

**THE SPINE  
 CENTER  
 AT**

GREGORY A. HANKS, M.D.  
 ALEXANDER KALEZYAK, M.D.  
 ROBERT R. KANEDA, D.O.  
 RONALD W. LIPPE, M.D., F.A.C.S.  
 JASON J. LITTON, M.D.  
 STEVEN B. WOLF, M.D.  
 THOMAS J. YUCHA, M.D.

**ORTHOPEDIC INSTITUTE OF PENNSYLVANIA**

TELEPHONE: (717) 761-5530 • (800) 834-4020 • FAX: (717) 737-7197

December 22, 1999

Steven C. Courtney, Esq  
 3211 North Front Street  
 PO Box 5300  
 Harrisburg, PA 17110-0300

RE: Joan D. Tesche  
 182 48 9637

Dear Mr. Courtney:

This letter is in reference to Joan D. Tesche, who, as you know, is a patient I have seen at the Orthopedic Institute of Pennsylvania. Unfortunately, I am no longer able to take care of Mrs. Tesche due to her current health insurance plan.

I saw Mrs. Tesche in May of 1999. At that time, she was complaining of pain her left SI joint area as well as multiple other problems. She had some involuntary shaking and movements in the arms and legs which is difficult to explain. She has had some increasing pain her back as well as in her left SI joint and has had some problems in her arms and legs as well. She has had fibromyalgia type symptoms. She also has been having some problems with her gait. Her sitting tolerance is getting worse. She cannot sit for more than a half an hour at a time and she cannot stand for more than a half an hour at a time. She cannot walk for more than fifteen minutes at a time. She is constantly shifting.

At this point, I certainly cannot see her returning to her previous job at all. Her condition seems to be worsening and I think her prognosis is poor for returning to her occupation. She is currently going to the Hershey Pain Clinic for treatment.

Her physical exam, when I saw her, showed that she had a markedly positive FABER test on the left side and she has increased pain in her left SI joint with a shock on her nerve root. She is unable to sit on her left buttock cheek very well at all. She shifts her weight when sitting. She is unable to sit in one position. She has no sciatic nerve tension signs at all. Her strength is intact in her lower extremities. Her upper extremities also shows normal strength. She has negative Hoffman's signs although her reflexes are brisk at the biceps and triceps as well as at the knees and the ankles. Her Babinski's are down going and there is no sustained clonus.

I referred Joan to Dr. Fred Hess who is a spine surgeon who could see Joan with her current health insurance plan. I felt that Joan may need a work up by a Rheumatologist as well.

ORTHOPEDIC SURGEONS, LTD.

ADDRESS ALL CORRESPONDENCE TO: 875 POPLAR CHURCH ROAD, CAMP HILL, PA 17011

**CAMP HILL OFFICE**  
 3916 TRINDLE RD.

**HARRISBURG OFFICE**  
 450 POWERS AVE.

**CAMP HILL OFFICE**  
 890 POPLAR CHURCH RD., STE. 108

**HERSHEY OFFICE**  
 10 WEST CHOCOLATE AVE., STE. 105

**CAMP HILL OFFICE**  
 875 POPLAR CHURCH RD.

CCC000139

29 December 1999



SINCE 1888

3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

**Other Offices**  
Colonial Park  
717-652-7020  
Mechanicsburg  
717-691-5577  
Shippensburg  
717-530-7515

VIA FACSIMILE AND REGULAR MAIL

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

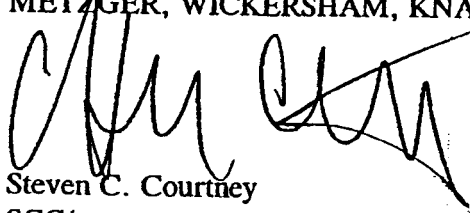
Dear Laura:

As you know, this office represents Joan Tesche in regards to the above referenced matter. I have enclosed herein a copy of a medical report from Mr. Steven B. Wolf of the Orthopedic Institute of Pennsylvania regarding my client's current medical condition as well as a prognosis. Moreover, Dr. Wolf states in his report that Ms. Tesche is not employable based on her current medical condition. Her current medical condition renders her unable to perform any jobs including a Telemarketer, Customer Service Representative, Motel Night Auditor and Automobile Rental Agent.

Please review the enclosed report in your rendering your determination of my client's request for a reconsideration of the termination of her long-term disability status. In the meantime, please contact my office with any questions or if any additional information is requested.

Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

  
Steven C. Courtney

SCC/ae

Enclosure

cc Ms. Joan Tesche w/ encl.

Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Steven C. Courtney  
Heather L. Harbaugh  
Francis J. Lafferty, IV

**Case Management Database****Claim Activity**

---

Claim Nbr **94-34900** Occurrence: **1** Claimant **Tesche, Joan D**

---

Activity Type: **Any Occ Assessment**  
Performed by: **Tony Gulledge**Activity Date: **6/9/1999**  
Activity Duration **30 Minutes**

Notes TO: Laura Collins

RE: Joan D. Teshe

CLAIM #: 94-34900

OWN OCC ENDS: 10/30/99

EDUCATION: High School Graduate + AA degree.

WORK EXPERIENCE: 5/88 to 5/97: AMP Occ: S&P Analyst  
Prior Work History: Hospital Admissions Clerk.

CLAIMANT CONTACT: 717-469-1151. I spoke with Ms. Tesche today and discussed the requirement of her Own Occ as S&P Analyst. Because Ms. Teshe did not have flexibility to stand as needed she was unable to return work in that occupation. We discussed other sedentary job which offer a sit/stand variety which Ms. Teshe should be capable of with her current limitations. These would include Telemarketer, Customer Service Rep., Motel Night Auditor, and Automobile Rental Agent. Ms. Tesche noted that she had considered returning to work in other home businesses.

IMPRESSIONS/RECOMMENDATIONS: Given Ms Teshe's age, educational level, work experience, geographical location, and current functional capabilities the entry level trainable job options described above would appear appropriate. File plan: DBS will pay through the Own Occ period and close file. . If you have any questions concerning this file plan, please give me a call at ext. 5391.

---

---

**CNA** Case Management Database

---

**Claim Activity**

---

Claim Nbr **94-34900** Occurrence: **1** Claimant **Tesche, Joan D**

---

Activity Type: **Reconference**

Activity Date: **6/2/1999**

Performed by: **Holly Henry**

Activity Duration **10 Minutes**

Notes Based upon information from AP, claimant appears to be TD own occ. Will send file to VOC and close to case management.

---



**CNA Case Management Database****Claim Activity**Claim Nbr **94-34900** Occurrence: **1** Claimant **Tesche, Joan D**Activity Type: **Med R R/Duration Res**  
Performed by: **Holly Henry**Activity Date: **5/26/1999**  
Activity Duration **20 Minutes**

Notes Received Dr. Wolf's response to fax: Response as follows:

>>Sitting 1/2 hour at a time      Standing 1/2 hour at a time  
 Lifting 5 - 10 lbs      Walking 15 min. at a time  
 Bending/Crawling/Squatting 0

These restrictions are permanent.

Objective findings include positive FABERE on Left, increased groin pain and SI joint pain with short groin manipulation.

Does not feel claimant is medically stable, feels she is worsening.

Feels she has a poor prognosis for return to her own occupation.&lt;&lt;

Claimant's occ requires that she sit for 7 out of the 8 hours, for the other hour, she alternates standing and sitting. Her job does not require any lifting, crawling, squatting or bending. Based on these restrictions, claimant may be able to perform her own occ if allowed to take a break from sitting every half hour. Will also need to take into consideration that AP does not feel claimant is medically stable and feels that her condition is worsening.  
 Will discuss with DBS.

Activity Type: **Med R R/Duration Res**  
Performed by: **Holly Henry**Activity Date: **5/20/1999**  
Activity Duration **5 Minutes**Notes Left message with Nadine, with Dr. Wolf, concerning fax sent asking for R&L's.  
Will f/u 5/26/99 if no prior response.Activity Type: **Med R R/Duration Res**  
Performed by: **Holly Henry**Activity Date: **5/17/1999**  
Activity Duration **5 Minutes**Notes VM left with Nadine with Dr. Wolf in f/u concerning fax sent on 5/11/99.  
Will recall on 5/19/99 if no prior response.Activity Type: **MD Contact**  
Performed by: **Holly Henry**Activity Date: **5/12/1999**  
Activity Duration **10 Minutes**

Notes Left VM with Nadine asking her to call me back if she did not receive fax sent yesterday for Dr. Wolf. Emphasized to her the importance of having this filled out at claimant's visit on the 13th.

Activity Type: **MD Contact**  
Performed by: **Holly Henry**Activity Date: **5/11/1999**  
Activity Duration **10 Minutes**

Notes Received call back from Nadine, Dr. Wolf's secretary. States they do not have fax from March, asked that one be resubmitted.  
 Fax resubmitted asking for R&L's for Dr. Wolf to fill out on claimant's 5/13/99 appt.  
 Will f/u 5/12/99 to make sure fax was received and f/u 5/17/99 if info not returned.

**CNA Case Management Database****Claim Activity**Claim Nbr **94-34900** Occurrence: **1** Claimant **Tesche, Joan D**Activity Type: **MD Contact**  
Performed by: **Holly Henry**Activity Date: **5/11/1999**  
Activity Duration **10 Minutes**

Notes Left message with Nadine, Dr. Wolf's secretary asking if she still had the fax sent on 3/9/99 with questions about claimant.  
 Asked her to cmb concerning this fax.  
 Will f/u 5/12/99 if no prior response.

Activity Type: **MD Contact**  
Performed by: **Holly Henry**Activity Date: **3/31/1999**  
Activity Duration **10 Minutes**

Notes S/W Dr. Wolf's office, claimant has f/u appt. scheduled for 5/13/99. NCM will send form asking for R&L's, ERTW and JAS on 5/12/99 to have on her chart for Dr. Wolf's response.

Activity Type: **Reconference**  
Performed by: **Gail Gross**Activity Date: **3/11/1999**  
Activity Duration **15 Minutes**

Notes Met with DBS. Agreed to have DBS contact clmt to schedule appt with Dr. Wolf. NCM to f/u with MD for findings at exam.

Activity Type: **MD Contact**  
Performed by: **Gail Gross**Activity Date: **3/11/1999**  
Activity Duration **10 Minutes**

Notes Received t/c from Nadine in Dr. Wolf office. Md has declined to respond to ? prior to clmt being seen by him. LOV was 6/98. Will discuss with DBS.

Activity Type: **Med R R/Duration Res**  
Performed by: **Gail Gross**Activity Date: **3/10/1999**  
Activity Duration **15 Minutes**

Notes Received restriction/limitations from Dr. Rubenstein. Restrictions are 1/2 to 1 hr consecutively. 3 hr/day walking, 1/2 hr/consecutively., lifting 10-20 lbs. carrying 10-20 lbs. and no pulling pushing. Temp/perm not known. Md states the above are the pts. self described limitations. If confirmation is required, suggest independent medical examination by physiatrist or orthopedic surgeon. Will wait to review Dr. Wolf response to NCM letter.

Activity Type: **MD Contact**  
Performed by: **Gail Gross**Activity Date: **3/9/1999**  
Activity Duration **10 Minutes**

Notes Fax composed and sent to Dr. Wolf, as Dr. Rubenstein has not returned completed restriction form, and informed by clmt that Dr. Wolf would be approx. MD for restrictions/limitations. See hard copy for content.

Activity Type: **MD Contact**  
Performed by: **Gail Gross**Activity Date: **3/3/1999**  
Activity Duration **10 Minutes**

Notes T/C to Dr. Rubenstein office, s/w Stacey. MD has not yet completed restrictions form. Stacey will remind MD today. She agreed to cb after she has spoken with MD.



## Case Management Database

## Claim Activity

---

 Claim Nbr **94-34900** Occurrence: **1** Claimant **Tesche, Joan D**


---

Activity Type: **MD Contact**Activity Date: **2/24/1999**Performed by: **Gail Gross**Activity Duration **10 Minutes**

Notes T/C to Dr. Rubenstein office, s/w Stacey. Stacey will bring request for restrictions to MD attention. Confirmed she has fax number to send completed form.

---

Activity Type: **MD Contact**Activity Date: **2/17/1999**Performed by: **Gail Gross**Activity Duration **10 Minutes**

Notes Received cb from Stacey in Dr. Rubenstein office. Md has multiple office loaction. Will not be in this particular office until 2/24/99. NCM and Stacey agreed to have NCM contact Stacey again on 2/24/99, to have Stacey direct his attention to completing the requested info.

---

Activity Type: **MD Contact**Activity Date: **2/17/1999**Performed by: **Gail Gross**Activity Duration **5 Minutes**

Notes T/C to Dr. Rubenstein office, left detailed message for Stacey, nurse to rmc.

---

Activity Type: **MD Contact**Activity Date: **2/11/1999**Performed by: **Pam Groover**Activity Duration **5 Minutes**

Notes Phone call rec'd from Stacey with Dr. Rubenstein's ofc. She indicated that fax was not received and requested that it be re-faxed. NCM refaxed form.

---

Activity Type: **Reconference**Activity Date: **2/9/1999**Performed by: **Pam Groover**Activity Duration **5 Minutes**

Notes Conf. with DBS. Clmt. has not responded to prior phone call and MD has not responded to 2 prior faxes. She will send letter requesting return phone call. May need to send clmt. for FCE if unable to obtain restrictions.

---

Activity Type: **MD Contact**Activity Date: **2/9/1999**Performed by: **Pam Groover**Activity Duration **2 Minutes**

Notes Faxed restriction form sent to Dr. Rubenstein.

---

Activity Type: **EE Contact**Activity Date: **2/9/1999**Performed by: **Pam Groover**Activity Duration **1 Minutes**

Notes Phone call to clmt. No answer and no machine.

---

Activity Type: **MD Contact**Activity Date: **2/9/1999**Performed by: **Pam Groover**Activity Duration **2 Minutes**

Notes Phone call to Dr. Rubenstein's ofc. 717-652-5380. S/W Joe. Requested update re: current condition, lov, restrictions etc. She will have nurse rmc.

---

**CNA Case Management Database****Claim Activity**Claim Nbr **94-34900** Occurrence: **1** Claimant **Tesche, Joan D**Activity Type: **EE Contact**  
Performed by: **Pam Groover**Activity Date: **11/16/1998**  
Activity Duration **1 Minutes**

Notes Phone call to clmt. No answer. LMOM for return phone call.

- o Need to determine current tx. MDs
- o Current status.
- o ? if currently employed as referenced by Dr. Rubenstein's

Activity Type: **Other**  
Performed by: **Pam Groover**Activity Date: **8/28/1998**  
Activity Duration **1 Minutes**

Notes File referred to tech to f/u with fax sent to Dr. Rubenstein 7-28-98

Activity Type: **xConference**  
Performed by: **Pam Groover**Activity Date: **7/16/1998**  
Activity Duration **10 Minutes**

Notes teleconf. with DBS. Please fax rest form to Dr. Rubenstein with attached JAS. Also write in under other: "Is pt. @ MMI?" Dr. Rubenstein's fax # is 717-652-0832.

- \* Her job does not require that she lift, carry, push or pull. She works as a comp. consultant. This is a sedentary occ which according to one JAS requires that she carry 0-9 #.
- \* We do have a PCE completed by Dr. Hartman dated 081997 which indicates that she can do her own occ but, releases her to only part-time work.
- \* Please diary for follow-up the first week in August and then I will aggressively follow up on this hopefully the fax you send to Dr. Rubenstein will be back by then.

Activity Type: **EE Contact**  
Performed by: **Pam Groover**Activity Date: **5/11/1998**  
Activity Duration **10 Minutes**

Notes Phone call received from EE. She indicated that she is to see an Ortho Surgeon, Dr. Wolf 052198. Questioned if we had received medical info from Dr. Rubenstein. I confirmed receipt.

Activity Type: **MD Contact**  
Performed by: **Pam Groover**Activity Date: **4/7/1998**  
Activity Duration **5 Minutes**

Notes Phone call to Dr. Rubenstein's ofc. Req. medical update and they requested written questions. Fax # 17176520832.

Activity Type: **MD Contact**  
Performed by: **Pam Groover**Activity Date: **2/19/1998**  
Activity Duration **5 Minutes**

Notes Phone call to Dr. Santo's ofc. S/W Jodi who will fax today's ov note to me. Did not have time to discuss this clmt. with me.

Activity Type: **EE Contact**  
Performed by: **Pam Groover**Activity Date: **2/19/1998**  
Activity Duration **10 Minutes**

Notes Phone call to clmt. ? re: current status. Continues to receive ESI injections from Dr. Santo. Last was this am. Next is 030398. Questioned re: Physical therapy and she indicated that she continues with Aqua therapy 2 x per week. Continues to experience back and leg pain.

---

**CNA** Case Management Database

---

**Claim Activity**

Claim Nbr **94-34900** Occurrence: **1** Claimant **Tesche, Joan D**

---

Activity Type: **xConference**  
Performed by: **Pam Groover**

Activity Date: **1/5/1998**  
Activity Duration **10 Minutes**

Notes Conf. with DBS. Agree to accept liability. Clmt. is currently undergoing ESI injections for tx. of pain in lower back that also radiates into the L. leg. NCM will monitor progress and facilitate RTW with previously discussed accomodations when released by MD.

---

**CNA Case Management Database****Claim Activity**Claim Nbr **94-34900** Occurrence: **1** Claimant **Tesche, Joan D**Activity Type: **EE Contact**  
Performed by: **Pam Groover**Activity Date: **1/5/1998**  
Activity Duration **30 Minutes**Notes **CLAIMANT INTERVIEW**

1. what are their current symptoms? Continued lower back pain that radiates into the L. Leg. She is currently being tx. with ESI, has had 2 and will have the third at the end of this month. 1st injection was the beginning of November. Experienced fair relief of 10 days and 15 days with 2nd inj. 121097. Next office visit with Anesthesiologist, Dr. Jean Santo 717-236-3361 010897 and will determine next ESI injection. She currently is experiencing some twitching of her arms and legs at rest. She is also experiencing weakness and numbness of the l. arm and lower extremities.  
She notices a profound increase in symptoms since 10/97.

2. All Physicians names, addresses, phone number, specialties.  
Dr. Santo  
Dr. Rubenstein  
Dr. Wolf LOV 6/97.

3. If surgery was performed, what type?  
L5-S1 fusion was March of 92 with pedicle screws. Had secondary fusion 8/95. March of 96 had hardware removal. ? re: possible cause r/t accident? No MD believed that this was a structural defect. Initial MD performing surgery Dr. Todd Wetzel.

4. Claimant's opinion re: prognosis of condition  
claimant's perception of their condition)  
She feels that her condition is the same. If she does too much of one activity the pain increased. She has been dx. with failed back surgery syndrome and basically what it has come down to is managing/controlling the pain. ? re: pain control measures and she stated that she has tried TENS unit in the past. Currently Oxycotin for pain med. Takes med BID 20mg. Also takes Ibuprofen 600mg. TID. Amitrypilene at bed time. Prozac 40 mg. each day in the morning. Dr. Rubenstein RX. this. ? re: Psych counseling. She started on the Prozac 2 years ago. Son died 9 weeks. Synthroid 075mg QD, Triamterene QD.

5. Type and expected duration of treatment (i.e. 6 weeks of physical therapy)  
Currently is in Aqua Therapy 2 x per week. She drives to this.

6. Are they satisfied with results of treatment so far? If not, have they discussed with doctor? Very satisfied.

7. When is their next doctor visit or treatment appt? Dr. Santo's 010898, Dr. Rubenstein 032098.

8. Have claimant describe a typical day (daily activities) now that they are not working. Have them describe a typical day while they were working (including activities at home after work hours). Wakes up 8 am, reads the paper, uses the phone. Dresses for the day. By 2 pm she needs to lie down and apply ice. Questioned re: pain. She

**CNA** Case Management Database**Claim Activity**

Claim Nbr 94-34900 Occurrence: 1 Claimant Tesche, Joan D

stated that she wakes up a couple times per night and apply heat, ice or repositioning. If severe she may take pain meds but, this is not the usual. First thing in the morning pain is severe. Standing and walking are the best position for her. She then medicates and is functional for the majority of the morning and early pm. Her children and spouse do housework but she is independent in ADLs.

9. What is their Occupational title? Ask for their description of their essential duties including the physical tasks. She was a systems procedure analyst. Duties include: documenting computer system problems and majority of work was typing.

10. How long have they been in this position? Have the duties changes in the past year? 3 years. This is not the initial job she was hired for. She began with AMP in 88 as a secretary. She was a secretary till 94 and then changed to current position.

11. Do they enjoy their work? Yes.

12. Have they had any other occupations or positions with the same employer? What were they? See above.

13. Have they been in contact with the Employer since leaving work? Not since June or July. Has talked AMP nurse and benefit coord.

14. Do they have a job to return to? I know if I wanted to go back there is a job for me.

15. Are there parts of their own occ they can still do? Describe.  
The sitting is the problem. Its hard to type in any position other than sitting. She has been in contact with Voc Rehab, Don Amos with state Voc Rehab re: retraining. I discussed possibility of accomodations and she is willing to consider this.

16. Can you perform your duties with another employer?

I had no problem with this ER.

18. Is company going through re-engineering or restructuring?

N/A

19. Are there impending layoffs? Do they feel they will be laid off or do they feel their job is in jeopardy in the near future? N/A

20. Did they have any conflicts with peers or superiors? No

21. Please list claimant's complete educational/vocational history. Make sure you include specific dates claimant worked for employers and the specific responsibilities the claimant held at each job. Please also include the dates claimant attended schools, type of degrees/certifications received, etc.



---

**CNA** Case Management Database

---

**Claim Activity**

---

Claim Nbr 94-34900 Occurrence: 1 Claimant Tesche, Joan D

---

## Educational History

High school diploma or GED:

Date received:

College Degrees: (please list specific type of degree obtained)

## Work History

Employer:

Job Title:

Responsibilities held at his position/company:

Dates worked: This info was not obtained.

22. Name, address, and telephone number of your attorney?

23. Does Attorney represent you regarding your STD or LTD claim? If so, end call and contact Atty for info. For malpractice only.

24. Why did you obtain an Atty? Malpractice R/T pedicle screw insertion.

25. Do you have a lawsuit pending? Against whom?

Yes, Will be going to court in 98. Lawsuit is against the manufacturer of the Rods and Screws.

26. Has your attorney advised you in any way regarding your decision to stop work?  
No

27. If claimant feels illness is work related or if accident happened at work ask if they filed

WC claim or plan to file? If not, why? Initial injury no. But prolonged sitting aggravates scar tissue. Will not file W/C claim

28. Are they represented by an Attorney? GO TO ATTORNEY TAB

Yes.

Joe Messa. 215-568-4500.



**CNA Case Management Database****Claim Activity**Claim Nbr **94-34900** Occurrence: **1** Claimant **Tesche, Joan D**

29. Are they receiving weekly WC benefit? What is the amount? Is settlement being considered? N/A

30. Has claim already been settled? If so, when? Amount of settlement awarded for lost wages?  
N/A

31. Is or was claimant involved in rehab program through WC carrier? If yes GO TO VOCATIONAL ASSESSMENT TAB N/A

32. Were they any witnesses to the accident? N/A

33. Were they any prior WC injuries with present or past employers? n/a

Activity Type: **MD Contact**  
Performed by: **Pam Groover**

Activity Date: **1/5/1998**  
Activity Duration **5 Minutes**

Notes Phone call to Dr. Rubenstein ( Internal Med./Pulmonology) S/W Paula who stated clmt's LOV was 122997. She requested faxed questions for additional info. and referred me to her specialist or the pt. for additonal info.

Activity Type: **xConference**  
Performed by: **Pam Groover**

Activity Date: **1/5/1998**  
Activity Duration **10 Minutes**

Notes NCM contacted Kristi Campbell, VCM for info re: standing or elevated work station. We will be able to provide this for clmt. if job is available and restrictions are valid. Will contact her if additional info is required.

Activity Type: **xConference**  
Performed by: **Pam Groover**

Activity Date: **1/5/1998**  
Activity Duration **15 Minutes**

Notes Conf. with DBS. Clmt. is dx. with Chronic back pain, spondylolisthesis, S/P fusion with hardware, L5-S1 discogenic pain, s/p anterior L5-S1 fusion with hardware, s/p hardware removal. He lists current complications and symptoms as persistent pain. She lists tx. MD as Drs. Rubenstein, Hartman, Wolf and Huckell. Dr. Rubenstein is her PMD. NCM to contact MDs for status update, current restrictions, ERTW, possible accomodations for FT RTW ie..... elevated workstation which will require less sitting time. FCE enclosed indicates that clmt. can sit for min at one time min. if doing computer work. NCM may need to contact AMP nurse to coordinate this effort. NCM will contact clmt for interview.

Activity Type: **Initial Conf/BA**  
Performed by: **Pam Groover**

Activity Date: **11/24/1997**  
Activity Duration **10 Minutes**

Notes File transferred from Mary Ann Gregg's database. After file review it appears that initial conf. was 101497 with DBS. DBS to contact ER re: accomodations and current work status.

## **CNA GROUP BENEFITS**

P O Box 946710 Maitland FL 32794-6710

**Laura Collins, HIA**

*Disability Specialist*

*National Accounts Claims*

*Telephone 800-262-7997 x6239*

*Facsimile 407-919-6410*

January 3, 2000

Steven C. Courtney  
Metzger, Wickersham, Knauss & Erb, P.C.  
3211 North Front Street  
P. O. Box 5300  
Harrisburg, PA 17110-0300

Claimant: Joan D. Tesche  
Claim No.: 94-34900P1702  
Policy No.: 83089679  
Continental Casualty Company

Dear Mr. Courtney:

Today we received your letter along with the letter from Steven B. Wolf, MD, dated December 22, 1999.

We have fully reviewed this information and find it provides us with no additional medical documentation that would alter our previous decision of October 7, 1999.

Therefore, at this time, we have forwarded this letter, along with Ms. Tesche's complete file to the Appeals Committee for their review.

The Appeals Committee will issue a ruling within 60 days of receipt of your appeal. ERISA regulations allow the Committee an additional 60 days to reach a decision if necessary. The Committee will notify you in writing if the additional time is required.

Should you have any questions, please contact our office. Thank you.

Sincerely,

Laura Collins, HIA



29 December 1999

VIA FACSIMILE AND REGULAR MAIL

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

Other Offices  
Colonial Park  
717-652-7020  
Mechanicsburg  
717-691-5577  
Shippensburg  
717-530-7515

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

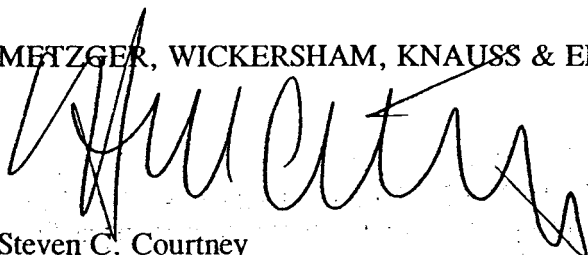
Dear Laura:

As you know, this office represents Joan Tesche in regards to the above referenced matter. I have enclosed herein a copy of a medical report from Mr. Steven B. Wolf of the Orthopedic Institute of Pennsylvania regarding my client's current medical condition as well as a prognosis. Moreover, Dr. Wolf states in his report that Ms. Tesche is not employable based on her current medical condition. Her current medical condition renders her unable to perform any jobs including a Telemarketer, Customer Service Representative, Motel Night Auditor and Automobile Rental Agent.

Please review the enclosed report in your rendering your determination of my client's request for a reconsideration of the termination of her long-term disability status. In the meantime, please contact my office with any questions or if any additional information is requested.

Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

  
Steven C. Courtney

SCC/ae

Enclosure

cc Ms. Joan Tesche w/ encl.

Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Steven C. Courtney  
Heather L. Harbaugh  
Francis J. Lafferty, IV

DAVID M. JOYNER, M.D., F.A.C.S.  
RICHARD J. BOAL, M.D.  
ROBERT R. DAHMUS, M.D.  
WILLIAM W. DEMUTH, M.D., F.A.C.S.  
JOHN R. FRANKENY II, M.D., F.A.C.S.  
MARK P. GROSS, M.D.  
RICHARD H. HALLOCK, M.D.  
JAMES R. HAMSHER, M.D., F.A.C.S.

THE SPINE  
CENTER  
AT

GREGORY A. HANKS, M.D.  
ALEXANDER KALENAK, M.D.  
ROBERT R. KANEDA, D.O.  
RONALD W. LIPPE, M.D., F.A.C.S.  
JASON J. LITTON, M.D.  
STEVEN B. WOLF, M.D.  
THOMAS J. YUCHA, M.D.

ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

TELEPHONE: (717) 761-5530 • (800) 834-4020 • FAX: (717) 737-7197

December 22, 1999

Steven C. Courtney, Esq  
3211 North Front Street  
PO Box 5300  
Harrisburg, PA 17110-0300

RE: Joan D. Tesche  
182 48 9637

Dear Mr. Courtney:

This letter is in reference to Joan D. Tesche, who, as you know, is a patient I have seen at the Orthopedic Institute of Pennsylvania. Unfortunately, I am no longer able to take care of Mrs. Tesche due to her current health insurance plan.

I saw Mrs. Tesche in May of 1999. At that time, she was complaining of pain her left SI joint area as well as multiple other problems. She had some involuntary shaking and movements in the arms and legs which is difficult to explain. She has had some increasing pain her back as well as in her left SI joint and has had some problems in her arms and legs as well. She has had fibromyalgia type symptoms. She also has been having some problems with her gait. Her sitting tolerance is getting worse. She cannot sit for more than a half an hour at a time and she cannot stand for more than a half an hour at a time. She cannot walk for more than fifteen minutes at a time. She is constantly shifting.

At this point, I certainly cannot see her returning to her previous job at all. Her condition seems to be worsening and I think her prognosis is poor for returning to her occupation. She is currently going to the Hershey Pain Clinic for treatment.

Her physical exam, when I saw her, showed that she had a markedly positive FABER test on the left side and she has increased pain in her left SI joint with a shock on her nerve root. She is unable to sit on her left buttock cheek very well at all. She shifts her weight when sitting. She is unable to sit in one position. She has no sciatic nerve tension signs at all. Her strength is intact in her lower extremities. Her upper extremities also shows normal strength. She has negative Hoffman's signs although her reflexes are brisk at the biceps and triceps as well as at the knees and the ankles. Her Babinski's are down going and there is no sustained clonus.

I referred Joan to Dr. Fred Hess who is a spine surgeon who could see Joan with her current health insurance plan. I felt that Joan may need a work up by a Rheumatologist as well.

ORTHOPEDIC SURGEONS, LTD.

ADDRESS ALL CORRESPONDENCE TO: 875 POPLAR CHURCH ROAD, CAMP HILL, PA 17011

CAMP HILL OFFICE  
3916 TRINDLE RD.

HARRISBURG OFFICE  
450 POWERS AVE.

CAMP HILL OFFICE  
890 POPLAR CHURCH RD., STE. 108

HERSHEY OFFICE  
10 WEST CHOCOLATE AVE., STE. 105

CAMP HILL OFFICE  
875 POPLAR CHURCH RD.

CCC000154

Steven C. Courtney, Esquire



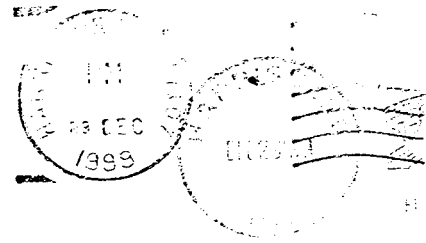
3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300

GROUP BENEFITS

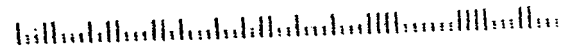
JAN 03 2000

MAITLAND

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710



32794-6710



CCC000156

RE: TESCHE, JOAN D.

PAGE 2

December 22, 1999

At this point, I do not feel that Mrs. Tesche is employable including these positions; telemarketer, customer service representative, motel night auditor and an automobile rental agent.

Sincerely,

*Steven B. Wolf, MD*

Steven B. Wolf MD

SBW/nyd

\* Sent via fax, original to follow

3 December 1999



VIA FACSIMILE AND REGULAR MAIL

3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

124 West King Street  
Shippensburg, PA 17257  
717-530-7515  
Fax: 717-530-0734

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

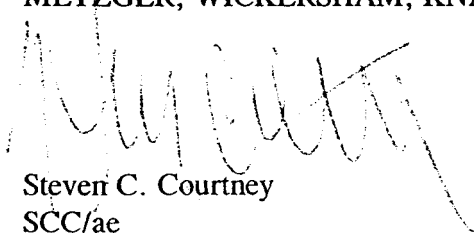
Dear Laura:

Please be advised that this office represents Joan Tesche in regards to the above referenced matter. I have prepared this letter to serve as a formal request for a reconsideration of the termination of my client's long-term disability status relative to the above referenced matter. Moreover, I have requested a medical report from Ms. Tesche's attending physician. Dr. Steven B. Wolf of Orthopedic Institute of Pennsylvania, regarding her current medical condition as well as a prognosis. I initially made this request on October 27, 1999, however, as of the time of this letter, I have not received the medical report. I contacted Dr. Wolf's office on the above date and I was assured that the report would be forwarded to my office in the very near future. Please be advised that I will immediately forward to your attention a copy of this report once it is made available.

After you have had an opportunity to review this correspondence, please contact my office with any questions or concerns. Your anticipated cooperation is appreciated.

Very truly yours,

**METZGER, WICKERSHAM, KNAUSS & ERB, P.C.**

  
Steven C. Courtney  
SCC/ae  
cc Ms. Joan Tesche

Christian S. Erb, Jr.  
Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Richard B. Druby  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Carrie L. Carroll

Document #: 164981.1

*\*Board Certified in civil  
trial law and advocacy  
by the National Board  
of Advocacy*

CCC000157

94-34900

Joan Teschi

12/3/99 Recd. v.m. fr. Atty advising he has  
faxed appeal and requesting phone  
Confirmation of receipt.

Called Atty. He indicates he will be  
forwarding medical information from  
Clark's phys. as soon as received.  
He hopes to have by next week.

Will hold appeal until received.

Laura Collins



3 December 1999



3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

124 West King Street  
Shippensburg, PA 17257  
717-530-7515  
Fax: 717-530-0734

VIA FACSIMILE AND REGULAR MAIL

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

Dear Laura:

Please be advised that this office represents Joan Tesche in regards to the above referenced matter. I have prepared this letter to serve as a formal request for a reconsideration of the termination of my client's long-term disability status relative to the above referenced matter. Moreover, I have requested a medical report from Ms. Tesche's attending physician, Dr. Steven B. Wolf of Orthopedic Institute of Pennsylvania, regarding her current medical condition as well as a prognosis. I initially made this request on October 27, 1999, however, as of the time of this letter, I have not received the medical report. I contacted Dr. Wolf's office on the above date and I was assured that the report would be forwarded to my office in the very near future. Please be advised that I will immediately forward to your attention a copy of this report once it is made available.

After you have had an opportunity to review this correspondence, please contact my office with any questions or concerns. Your anticipated cooperation is appreciated.

Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

  
Steven C. Courtney

SCC/ae

cc Ms. Joan Tesche

Document #: 164981.1

Christian S. Erb, Jr.  
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Clark DeVere  
E. Ralph Godfrey  
Carrie L. Carroll

*\*Board Certified in civil  
trial law and advocacy  
by the National Board  
of Trial Advocacy*

CCC000159



SINCE 1888

3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

124 West King Street  
Shippensburg, PA 17257  
717-530-7515  
Fax: 717-530-0734

FACSIMILE TRANSMITTAL SHEET

DATE:

12/3/99

TO:

NAME:

Laura Collins

COMPANY/FIRM:

CNA

FAX NO.:

407-919-6410

FROM:

Steve Courtney

RE:

JOAN Fischer's request for reconsideration

NO. OF PAGES (INCLUDING THIS PAGE):

2

TIME:

SENDER COMMENTS:

CONFIDENTIALITY NOTE:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (717) 238-8187, and return the original message to us at the above address via the U.S. Postal Service.

Thank you.

Christian S. Erb, Jr.  
Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Richard B. Druby  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Carrie L. Carroll

\*Board Certified in civil  
trial law and advocacy  
by the National Board  
of Trial Advocacy

CCC000160

TRANSMISSION RESULT REPORT (NOV 12 '99 03:56PM)

ACCI AT CLAIMS

(AUTO)

THE FOLLOWING FILE(S) ERASED

FILE	FILE TYPE	OPTION	TEL NO.	PAGE	RESULT
053	TRANSMISSION		817172349478	04	OK

## ERRORS

1) HANG UP OR LINE FAIL 2) BUSY 3) NO ANSWER 4) NO FACSIMILE CONNECTION

P. O. Box 946710  
Maitland, FL 32794-6710  
Phone: (407) 919-6239  
Fax: (407) 919-6410

**Continental Casualty  
Company**

# Fax

**To:** Steven C. Courtney

**From:** Laura Collins

**Fax:** (717) 234-9478

**Date:** November 12, 1999

**Phone:** (717) 238-8187

**Pages:** 3

**Re:** Our letter of 11/3/99

**CC:**

☐ **Urgent**

☐ **For Review**

☐ **Please Comment**

☐ **Please Reply**

☐ **Please Recycle**

**•Comments:** Per your 11/8/99 letter.

CCC000162

## **CNA GROUP BENEFITS**

P O Box 946710 Maitland FL 32794-6710

**Laura Collins, HIA**

*Disability Specialist*

*National Accounts Claims*

*Telephone 800-262-7997 x6239*

*Facsimile 407-919-6410*

November 3, 1999

Steven C. Courtney  
Metzger, Wickersham, Knauss & Erb, P.C.  
3211 North Front St.  
P.O. Box 5300  
Harrisburg, PA 17110-0300

Claimant: Joan Tesche  
Claim No.: 94-34900P1702  
Policy No.: 0083089679  
Continental Casualty Company

Dear Mr. Courtney:

We have received your most recent correspondence dated October 22, 1999 concerning Ms. Tesche's Long Term Disability claim.

Please note that the procedure for terminating benefits and the procedure for filing an appeal are both outlined in our letter dated October 7, 1999 (copy enclosed).

We hope this information will be helpful to you.

Sincerely,

Laura Collins, HIA

CCC000163

## **CNA GROUP BENEFITS**

P O Box 946710 Maitland FL 32794-6710

**Laura Collins, HIA**

*Disability Specialist*

*National Accounts Claims*

Telephone 800-262-7997 x6239

Facsimile 407-919-6410

October 7, 1999

Clark De Vere  
Metzger, Wickersham, Knauss & Erb, P.C.  
3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300

Claimant: Joan D. Tesche  
Claim No.: 94-34900P1702  
Policy No.: 0083089679  
Continental Casualty Company

Dear Mr. De Vere:

We are contacting you with regard to the status of Ms. Tesche's Long Term Disability claim.

Initially and for the first 24 months, "Total Disability" under this policy means that, the Insured Employee, because of Injury or Sickness, is:

- 1) continuously unable to perform the substantial and material duties of his regular occupation;
- 2) under the regular care of a licensed physician other than himself; and
- 3) not gainfully employed in any occupation for which he is or becomes qualified by education, training or experience.

After the Monthly Benefit has been payable for the Insured Employee Occupation Period of 24 months, "Total Disability" means that, because of Injury or Sickness, the Insured Employee is:

- 1) continuously unable to engage in any occupation for which he is or becomes qualified by education, training or experience; and
- 2) under the regular care of a licensed physician other than himself.

Based on medical information in our file, Ms. Tesche is unable to perform the duties of her occupation as S & P Analyst Assistant which required her to sit 7 hours per day. Information from Steven B. Wolf, M.D. indicates Ms. Tesche is able to sit for ½ hour at a time, stand ½ hour at a time, lift 5 to 10 lbs., walk 15 minutes at a time. He notes these are permanent restrictions. With consideration of her education, training and experience, she is not disabled from other occupations and is not entitled to benefits beyond 24 months (10/30/99). We had her claim reviewed by a vocational specialist who identified the jobs of Telemarketer, Customer Service Representative, Motel Night Auditor, and Automobile Rental Agent as potential employment opportunities.

Claimant: Joan D. Tesche  
Claim No.: 94-34900P1702  
Policy No.: 0083089679  
Continental Casualty Company

-2-

October 7, 1999

If you disagree with our decision, you have the right to appeal under regulations specified by the Employee Retirement Income Security Act(ERISA)1974 as amended.

If you have additional medical information not mentioned above or wish us to reconsider our decision, you should

- submit your formal request for reconsideration **in writing** to my attention **within 60 days** of the date of this letter
- addressed to **Attn: Laura Collins  
CNA  
PO BOX 946710  
Maitland, FL 32794-6710**
- include your **claim number** and **policy number** on any correspondence.

Our decision will be reconsidered at the time of receipt of your information. If this information does not alter our decision, you will be informed of this and your claim will then be submitted to the Appeals Committee for a formal review. The Committee will issue a ruling within 60 days of receipt of your appeal as mandated by the Employee Retirement Income Security Act(ERISA)1974 as amended. This regulations allows an additional 60 days to reach a decision if necessary, however you will be notified within the first 60 days if this review will require an extension of time to reach a decision. This decision will be in writing and mailed directly to you or your representative.

**Appeals received later than 60 days may not be considered.**

Sincerely,

Laura Collins, HIA

8 November 1999



3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

124 West King Street  
Shippensburg, PA 17257  
717-530-7515  
Fax: 717-530-0734

Laura Collins  
CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

GROUP BENEFITS

NOV 11 1999

MAITLAND

Dear Laura:

I have prepared this letter to serve as a follow up to my letter dated October 22, 1999 wherein I had requested a copy of the "Other Information" Section regarding the appeal procedure that is referenced in the AMP Employee Handbook regarding Long Term Disability and a copy of the procedure that is to be followed regarding the termination of an employee's long-term disability status. Moreover, I had also contacted your office to confirm your receipt of this request.

Please be advised that as of the time of this dictation, I have not received a response to my request. I would appreciate if you would forward the requested information to my office at your earliest convenience. If these sections of the AMP Employee Handbook are not too voluminous, I would appreciate if you would fax these sections to my office.

After you have had an opportunity to review this correspondence, please contact my office with any questions or concerns. Your anticipated cooperation is appreciated.

Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

Steven C. Courtney  
SCC/ae

cc Ms. Joan Tesche

Christian S. Erb, Jr.  
Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Richard B. Druby  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Carrie L. Carroll



## **CNA GROUP BENEFITS**

P O Box 946710 Maitland FL 32794-6710

**Laura Collins, HIA**

*Disability Specialist*

*National Accounts Claims*

*Telephone 800-262-7997 x6239*

*Facsimile 407-919-6410*

November 3, 1999

Steven C. Courtney  
Metzger, Wickersham, Knauss & Erb, P.C.  
3211 North Front St.  
P.O. Box 5300  
Harrisburg, PA 17110-0300

Claimant: Joan Tesche  
Claim No.: 94-34900P1702  
Policy No.: 0083089679  
Continental Casualty Company

Dear Mr. Courtney:

We have received your most recent correspondence dated October 22, 1999 concerning Ms. Tesche's Long Term Disability claim.

Please note that the procedure for terminating benefits and the procedure for filing an appeal are both outlined in our letter dated October 7, 1999 (copy enclosed).

We hope this information will be helpful to you.

Sincerely,

Laura Collins, HIA

CCC000167

October 22, 1999



3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

124 West King Street  
Shippensburg, PA 17257  
717-530-7515  
Fax: 717-530-0734

GROUP BENEFITS  
OCT 26 1999  
MAITLAND

CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

Attn: Laura Collins, HIA  
Disability Specialist

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

Dear Laura:

As you know, this office represents Joan Tesche in regards to her long-term disability claim through her employer AMP. I have prepared this correspondence to serve as a written request for the "Other Information" Section regarding the appeal procedure that is referenced in the AMP Employee Handbook regarding Long Term Disability. Moreover, I would appreciate if you would forward a copy of the procedure that is to be followed regarding the termination of an employee's long-term disability status.

Please forward the aforementioned documents to my office at your earliest convenience. In the meantime, please contact my office with any questions or concerns.

Very truly yours,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

Steven C. Courtney

SCC:ae

cc Ms. Joan Tesche

Christian S. Erb, Jr.  
Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Richard B. Druby  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Carrie L. Carroll

## **CNA GROUP BENEFITS**

P O Box 946710 Maitland FL 32794-6710

**Laura Collins, HIA**

*Disability Specialist  
National Accounts Claims*

Telephone 800-262-7997 x6239

Facsimile 407-919-6410

October 25, 1999

Jamie Etter  
Hoover/AMP Short Term Disability  
P. O. Box 8872  
Camp Hill, PA 17001-8872

Claimant: Joan Tesche  
Claim No.: 94-34900P1702  
Policy No.: 0083089679  
Continental Casualty Company

Dear Jamie:

A review of the current medical records on Joan Tesche does not support her inability to perform the duties of her regular occupation as a S & P Analyst Assistant.

We have issued her final benefit payment for the period of 9/30/99 through 10/29/99.

We have notified her in detail of our review and determination that she no longer meets the definition of Total Disability as defined in the policy.

Should you have questions, please feel free to contact me.

Sincerely,

Laura Collins, HIA

ACCI IT CLAIMS

(AUTO)

THE FOLLOWING FILE(S) ERASED

FILE	FILE TYPE	OPTION	TEL NO.	PAGE	RESULT
018	TRANSMISSION		817172349478	02	OK

## ERRORS

1) HANG UP OR LINE FAIL      2) BUSY      3) NO ANSWER      4) NO FACSIMILE CONNECTION

P. O. Box 946710  
Maitland, FL 32794-6710  
Phone: (407) 919-6239  
Fax: (407) 919-6410

**CNA Insurance**

# Fax

**To:** Clark De Vere

**From:** Laura Collins

**Fax:** (717) 234-9478

**Date:** October 25, 1999

**Phone:** (717) 238-8187

**Pages:** 2

**Re:** Joan Tesche

**CC:**

☐ **Urgent**

☐ **For Review**

☐ **Please Comment**

☐ **Please Reply**

☐ **Please Recycle**

**•Comments:** Please see attached.

CCC000171

## **CNA GROUP BENEFITS**

P O Box 946710 Maitland FL 32794-6710

**Laura Collins, HIA**

*Disability Specialist*

*National Accounts Claims*

Telephone 800-262-7997 x6239

Facsimile 407-919-6410

October 25, 1999

Clark De Vere  
Metzger, Wickersham, Knauss & Erb, P.C.  
3211 North Front St.  
Harrisburg, PA 17110-0300  
(717)234-9478

Claimant: Joan Tesche  
Claim No.: 95-25942P1702 9434900P1702  
Policy No.: 0083089679  
Continental Casualty Company

Dear Mr. De Vere:

We are in receipt of your letter dated 10/12/99 concerning additional information on the jobs noted in our letter.

The job descriptions for the occupations noted are available in the Dictionary of Occupational Titles available at your local library.

Should you need to contact me again, please feel free to do so.

Sincerely,



Laura Collins, HIA

CCC000172



October 12, 1999

GROUP BENEFITS

OCT 15 1999

CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

MAITLAND

3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

124 West King Street  
Shippensburg, PA 17257  
717-530-7515  
Fax: 717-530-0734

Attn: Laura Collins, HIA  
Disability Specialist

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

Dear Laura:

Thank you for your letter of October 7, 1999 with enclosures regarding the status of Ms. Tesche's long-term disability claim. I have been in contact with my client and we hope to have some additional information to submit within the reconsideration period.

I will need the complete job descriptions for the jobs of telemarketer, customer service representative, motel night auditor and automobile rental agent which you reference in your letter of July 26, 1999 as well as your letter of October 7, 1999 including all duties involved in such jobs. I would like to submit this information to Dr. Wolf to see if he feels that Joan Tesche would be able to engage in these type of occupations. I suspect that your vocational specialist would have such job descriptions including summaries of the duties involved in such jobs.

Thank for your prompt attention to my request. You can return the documents to me by fax at the above Harrisburg fax number.

Sincerely,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

  
Clark DeVere

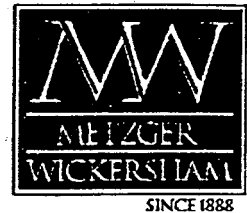
CDV:sag

Christian S. Erb, Jr.  
Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Richard B. Druby  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Carrie L. Carroll

Document #: 162084.1

*\*Board Certified in civil  
trial law and advocacy  
by the National Board  
of Trial Advocacy*

CCC000173



3211 NORTH FRONT STREET  
HARRISBURG, PA 17110-0300  
717-238-8187  
FAX: 717-234-9478

TO: HIA Laura Collins

COMPANY: CNA Group Benefits

FAX NO.: 1-407-919-6410

FROM: Clark DeVere, Esquire

DATE & TIME: Tuesday, Oct 12, 1999 1:09 p.m.

NO. OF PAGES (INCLUDING THIS PAGE): 2

SENDER COMMENTS:

**CONFIDENTIALITY NOTE:** This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (717)238-8187, and return the original message to us at the above address via the U.S. Postal Service. Thank you.

CHRISTIAN EBB, JR.  
ROBERT E. YETTER  
JAMES F. CARL  
ROBERT P. REED  
EDUARDO E. KNALES, IV\*  
JERED L. HOCK  
KARL R. HILDABRAND\*  
RICHARD B. DRIEY  
STEVEN P. MINER  
CLARK DEVERE  
RAMONA C. CATALI

\*Board Certified in civil  
trial law and advocacy  
by the National Board  
of Trial Advocacy

CCC000174



October 12, 1999

CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

Attn: Laura Collins, HIA  
Disability Specialist

RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company

Dear Laura:

Thank you for your letter of October 7, 1999 with enclosures regarding the status of Ms. Tesche's long-term disability claim. I have been in contact with my client and we hope to have some additional information to submit within the reconsideration period.

I will need the complete job descriptions for the jobs of telemarketer, customer service representative, motel night auditor and automobile rental agent which you reference in your letter of July 26, 1999 as well as your letter of October 7, 1999 including all duties involved in such jobs. I would like to submit this information to Dr. Wolf to see if he feels that Joan Tesche would be able to engage in these type of occupations. I suspect that your vocational specialist would have such job descriptions including summaries of the duties involved in such jobs.

Thank for your prompt attention to my request. You can return the documents to me by fax at the above Harrisburg fax number.

Sincerely,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

*Clark De Vere*

Clark DeVere

CDV:sag

Document #: 162084.1

CCC000175

## **CNA GROUP BENEFITS**

P O Box 946710 Maitland FL 32794-6710

**Laura Collins, HIA**

*Disability Specialist  
National Accounts Claims*

Telephone 800-262-7997 x6239

Facsimile 407-919-6410

October 7, 1999

Clark De Vere  
Metzger, Wickersham, Knauss & Erb, P.C.  
3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300

Claimant: Joan D. Tesche  
Claim No.: 94-34900P1702  
Policy No.: 0083089679  
Continental Casualty Company

Dear Mr. De Vere:

We are contacting you with regard to the status of Ms. Tesche's Long Term Disability claim.

Initially and for the first 24 months, "Total Disability" under this policy means that, the Insured Employee, because of Injury or Sickness, is:

- 1) continuously unable to perform the substantial and material duties of his regular occupation;
- 2) under the regular care of a licensed physician other than himself; and
- 3) not gainfully employed in any occupation for which he is or becomes qualified by education, training or experience.

After the Monthly Benefit has been payable for the Insured Employee Occupation Period of 24 months, "Total Disability" means that, because of Injury or Sickness, the Insured Employee is:

- 1) continuously unable to engage in any occupation for which he is or becomes qualified by education, training or experience; and
- 2) under the regular care of a licensed physician other than himself.

Based on medical information in our file, Ms. Tesche is unable to perform the duties of her occupation as S & P Analyst Assistant which required her to sit 7 hours per day. Information from Steven B. Wolf, M.D. indicates Ms. Tesche is able to sit for ½ hour at a time, stand ½ hour at a time, lift 5 to 10 lbs., walk 15 minutes at a time. He notes these are permanent restrictions. With consideration of her education, training and experience, she is not disabled from other occupations and is not entitled to benefits beyond 24 months (10/30/99). We had her claim reviewed by a vocational specialist who identified the jobs of Telemarketer, Customer Service Representative, Motel Night Auditor, and Automobile Rental Agent as potential employment opportunities.

Claimant: Joan D. Tesche  
Claim No.: 94-34900P1702  
Policy No.: 0083089679  
Continental Casualty Company

-2-

October 7, 1999

If you disagree with our decision, you have the right to appeal under regulations specified by the Employee Retirement Income Security Act(ERISA)1974 as amended.

If you have additional medical information not mentioned above or wish us to reconsider our decision, you should

- submit your formal request for reconsideration **in writing** to my attention **within 60 days** of the date of this letter
- addressed to **Attn: Laura Collins**  
**CNA**  
**PO BOX 946710**  
**Maitland, FL 32794-6710**
- include your **claim number** and **policy number** on any correspondence.

Our decision will be reconsidered at the time of receipt of your information. If this information does not alter our decision, you will be informed of this and your claim will then be submitted to the Appeals Committee for a formal review. The Committee will issue a ruling within 60 days of receipt of your appeal as mandated by the Employee Retirement Income Security Act(ERISA)1974 as amended. This regulations allows an additional 60 days to reach a decision if necessary, however you will be notified within the first 60 days if this review will require an extension of time to reach a decision. This decision will be in writing and mailed directly to you or your representative.

**Appeals received later than 60 days may not be considered.**

Sincerely,

Laura Collins, HIA

September 14, 1999

**VIA CERTIFIED MAIL,  
RETURN RECEIPT AND  
FIRST CLASS MAIL**

CNA Group Benefits  
National Account  
P.O. Box 946710  
Maitland, FL 32794-6710

Attn: Laura Collins, HIA  
Disability Specialist

**RE: Claim No. : 94-34900P1702  
Policy No. : 0083089679  
My Client : Joan D. Tesche  
Continental Casualty Company**

Dear Ms. Collins:

I have been retained by Joan D. Tesche to represent her in her claims for long-term disability benefits through her employment at AMP. I understand that CNA Group Benefits is the long-term disability benefit insurer for AMP and Ms. Tesche. You should direct all further communications regarding the discontinuance to my attention. I appreciate your cooperation in this regard.

I have enclosed a signed Authorization from my client allowing you to release certain documents to me. I have also been provided with a copy of your "Letter of Discontinuation of LTD" dated July 26, 1999. Based on your letter, you are going to be terminating my client's benefits after October 30, 1999.

In order to properly represent my client, I need copies of the following documents:

- (1) The entire disability file for Joan D. Tesche (SSN: 182-48-9637;  
DOB: 02/01/55);

**GROUP BENEFITS**

**SEP 20 1999**

**MAITLAND**



SINCE 1888

3211 North Front Street  
P.O. Box 5300  
Harrisburg, PA 17110-0300  
717-238-8187  
Fax: 717-234-9478

124 West King Street  
Shippensburg, PA 17257  
717-530-7515  
Fax: 717-530-0734

Document #: 159520.1

Christian S. Erb, Jr.  
Robert E. Yetter  
James F. Carl  
Edward E. Knauss, IV\*  
Jered L. Hock  
Karl R. Hildabrand\*  
Richard B. Druby  
Steven P. Miner  
Clark DeVere  
E. Ralph Godfrey  
Carrie L. Carroll

*\*Board Certified in civil  
trial law and advocacy  
by the National Board  
of Trial Advocacy*

CCC000178

CNA Group Benefits  
Attn: Laura Collins, HIA  
September 14, 1999  
Page 2



- (2) If not contained in the disability file, a copy of all medical and disability reports completed by any medical providers or physician pertaining to Joan Tesche;
- (3) The entire policy including any addendums, riders, endorsements or supplements for the short-term and long-term disability benefits provided to AMP's employees including Joan Tesche;
- (4) The entire report prepared by the vocational specialist referenced in your letter of July 26, 1999;
- (5) The complete job descriptions for the jobs of telemarketer, customer service representative, motel night auditor and automobile rental agent, which you referenced in your July 26, 1999 letter including all duties involved in such jobs;
- (6) A payment printout or summary of all short-term and long-term disability benefits paid to Joan Tesche to date by CNA or any other disability insurer connected with CNA; and
- (7) A copy of all appeal or review procedures for the discontinuance of LTD.

Please be advised that we will be seeking a review or appealing the discontinuance of long-term disability benefits and this letter should constitute written notice if notice has not already been supplied by my client Joan Tesche. I will need to see the written review or appeal procedures to ensure compliance therewith.

CNA Group Benefits  
Attn: Laura Collins, HIA  
September 14, 1999  
Page 3



I hope that we will be able to reach an amicable resolution regarding this matter.

Sincerely,

METZGER, WICKERSHAM, KNAUSS & ERB, P.C.

  
Clark DeVere

CDV:sag  
Enclosure

cc: Joan D. Tesche (without enclosure)

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: CNA Group Benefits  
P.O. Box 946710  
Maitland, FL 32794-6710

I, Joan D. Tesche, of 7737 Fishing Creek Valley Rd., Harrisburg,  
Pennsylvania, do hereby authorize you to release the entire claims, first party benefits file and/or  
disability file relating to ~~xxx~~ recovery of disability benefits from CNA, to the law firm of Metzger,  
Wickersham, Knauss & Erb, P.O. Box 5300, Harrisburg, Pennsylvania 17110-0300.

Joan D. Tesche

Dated: 9/13/99

## **CNA GROUP BENEFITS**

P O Box 598056 Orlando FL 32859-8056

**Laura Collins, HIA**  
Disability Specialist  
National Accounts Claims  
Special Benefits Claims Dept.  
Telephone 800-262-7997  
Facsimile 407-858-5399

July 26, 1999

Joan D. Tesche  
7737 Fishing Creek Valley Rd.  
Harrisburg, PA 17112

Claim No.: 94-34900P1702  
Policy No.: 0083089679  
Continental Casualty Company

Dear Ms. Tesche:

This letter is to advise you that long term disability benefits are payable for a maximum of 24 months for disabilities that prevent you from performing the substantial and material duties of your regular occupation. In order to receive continued long term disability benefits beyond 24 months, you must be totally disabled from performing any occupation for which you are or become qualified for based on education, training or experience.

Based on your limitations and restrictions, you continue to remain disabled from your regular occupation. However, with consideration of your education, training and experience, you are not disabled from other occupations and are not entitled to benefits beyond 24 months (10/30/1999). We had your claim reviewed by a vocational specialist who identified the jobs of Telemarketer, Customer Service Representative, Motel Night Auditor, and Automobile Rental Agent as potential employment opportunities.

We will continue to monitor your medical condition and treatment through the duration of your claim for any change in your condition.

Please contact our office if you have questions.

Sincerely,

Laura Collins, HIA

cc: Hoover/AMP Short Term Disability  
Attn.: Jamie Etter

CCC000182



DAVID M. JOYNER, M.D., F.A.C.S.  
RICHARD J. BOAL, M.D.  
ROBERT R. DAHMUS, M.D.  
WILLIAM W. DEMUTH, M.D., F.A.C.S.  
JOHN R. FRANKENY II, M.D., F.A.C.S.  
RICHARD H. HALLOCK, M.D.  
JAMES R. HAMSHER, M.D., F.A.C.S.



GREGORY A. HANKS, M.D.  
ALEXANDER KALENIK, M.D.  
ROBERT R. KANEDA, D.O.  
RONALD W. LITTE, M.D., F.A.C.S.  
JASON J. LITTON, M.D.  
STEVEN B. WOLF, M.D.  
THOMAS J. YUCHA, M.D.

**ORTHOPEDIC INSTITUTE OF PENNSYLVANIA**

TELEPHONE: (717) 761-5530 • (800) 854-4020 • FAX: (717) 757-7197

**TELECOPY TRANSMISSION  
COVER SHEET**

TO:

ORGANIZATION:

TELECOPIER NO:

FROM:

FIRM:

DATE:

TIME:

THERE WILL BE

PAGES FOLLOWING THIS COVER SHEET.

**MESSAGE / INFORMATION:**

IF YOU HAVE ANY QUESTIONS OR DO NOT RECEIVE THE ENTIRE TRANSMISSION,  
PLEASE TELEPHONE (717) 761-5530 AND ASK FOR THE TELECOPIER OPERATOR.

TELECOPIER OPERATOR

ATTENTION: This message is intended only for the individual to whom it is addressed. It contains information that may be confidential under law. If you are not the intended recipient or agent responsible for delivering this message, do not read, copy or distribute this information. If you have received this message in error, please notify us immediately by telephone (collect) and return the message to us by mail. Thank you.

ORTHOPEDIC INSTITUTE OF PENNSYLVANIA, LTD.

ADDRESS ALL CORRESPONDENCE TO: 875 POPLAR CHURCH ROAD, CAMP HILL, PA 17011

CAMP HILL OFFICE  
3916 TRINDLE RD.

HARRISBURG OFFICE  
450 POWERS AVE.

HARRISBURG OFFICE  
2645 N. THIRD ST., STE 490A

HERSHEY OFFICE  
10 W. CHOCOLATE AVE., STE 105

CAMP HILL OFFICE  
875 POPLAR CHURCH RD.

CCC000183



CNA Insurance

PO Box 598056 Orlando, FL 32859-6056

Holly E. Henry

Nurse Case Manager  
National Accounts  
5th FloorTelephone 407-858-5400  
800-303-9744 x5400  
Facsimile 407-858-5399

May 11, 1999

Re: Joan Tesche DOB: 2/1/55

Dear Dr. Wolf:

We are the long-term disability carrier for Ms. Tesche's employer, Amp, Inc. In order to effectively process this claim, we need more information and your input is critical. Please feel free to respond directly on this letter and fax back to me as soon as possible at (407) 858-5399. A job activity statement is enclosed. If you have any questions, please do not hesitate to contact me at 1-800-303-9744 X 5400.

1. What are Ms. Tesche's current restrictions and limitations in regards to:

Sitting 1/2 hours at a time:Standing 1/2 hours at a timeLifting 5-10 lbs.Walking 15 min at a timeBending/Squatting/Crawling (X)

Are these restrictions permanent or temporary? If temporary, when do you expect them to change?

Permanent

2. What objective findings support these limitations?

OPABER on C↑ groin pain and SI joint pain to start with however

3. Is Ms. Tesche medically stable at this time? If not, when do you expect this to occur and what is the treatment plan?

She seems to be worsening

4. What is the prognosis for a return to her occupation?

poor

Thank you for your help in the management of this claim.

Sincerely,

Holly Henry RN Nurse Case Manager

CCC000184

FEB 11 '99 10:40AM OR 70 S/R



FOR All the Commitments You Make

DR. Rubinstein

Attention: Stacey

Phone: (717) 652-3740

Fax: (717) 652-0832

RE: Joan Feehe'

Date of birth: 2/1/55

Authorization attached

Necessary information is needed to continue processing your patient's claim for disability benefits. PLEASE HELP.

PLEASE SEE THE INCLUDED JOB ACTIVITY SHEET.

What are the current limitations that prevent return to the patient's own job?

Standing 1/2-1 <sup>consecutively</sup> hr/dayLifting 10-20 poundsPushing — poundsWalking 3 hr/dayCarrying 10-20 poundsOther: —Sitting 1/2 <sup>consecutively</sup> hr/dayPulling — pounds

IS MS. Feehe' @ MMI?

Are the limits temporary or permanent? Not known

\*\*\*\*OBJECTIVE findings MUST BE PROVIDED to support any limitations given.

The above are the patient's self described limitations. If confirmation

is required, suggest independent medical examination by physician or orthopedic surgeon.

Thank you for your information. CNA is the disability insurance carrier and we provide monthly disability benefits to your patient if the objective medical findings support the disability. Your response is valuable to this patient.

Pam Groover RN, NCM phone : 800-303-9744x4055 Fax: 407-858-5399

02-11-99 10:40

RECEIVED FROM:4078505008

CCC000185

03-09-99 13:31 FAM PRAC ASSOC

P. 03

RECEIVED FROM: 4078505008

 SEP 7 1997  
 14:01  
 66-11-99  
 277  
 9/9/97


For All the Commitments You Make

 P.O. Box 503925  
 Orlando, FL 32859-3925

ES

## EMPLOYER'S JOB ACTIVITIES STATEMENT

EMPLOYEE NAME <u>Joan Tesche</u>		DATE
JOB TITLE <u>S&amp;P Analyst Assistant</u>		CLAIM NO.
EMPLOYER/COMPANY NAME <u>AMP Inc</u>		DATE LAST WORKED <u>5/05/97</u>
ADDRESS		TELEPHONE NUMBER

DIRECTIONS: PLEASE ANSWER THE FOLLOWING BASED ON YOUR EMPLOYEE'S USUAL JOB ACTIVITIES IMMEDIATELY PRIOR TO HIS/HER DISABILITY. IF THE ACTIVITY DOES NOT APPLY TO HIS/HER JOB PLEASE MARK "N/A".

## BRIEF SUMMARY OF THE JOB ACTIVITIES

Responsible for the documentation of application software

JOB CAN BE MODIFIED:	Temporarily	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Permanently	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE SPECIFY:						

AVERAGE NO. OF HOURS WORKED		WORKS			
PER DAY	PER WEEK	Inside <u>100%</u>	Outside <u>0%</u>	With People <u>20%</u>	Alone <u>80%</u>
<u>8 - 8 1/2</u>	<u>40 - 42</u>	SUPERVISES			
		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Number of People	Hours/day
ANY WORK RESTRICTIONS WHEN HIRED? IF YES, PLEASE EXPLAIN					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

PLEASE CIRCLE THE NUMBER OF HOURS/DAYS THE JOB REQUIRES THE FOLLOWING ACTIVITIES:

Sitting	0	1	2	3	4	5	6	7	8
Standing	0	1	2	3	4	5	6	7	8
Walking	0	1	2	3	4	5	6	7	8
Bending	0	1	2	3	4	5	6	7	8
Climbing Stairs	0	1	2	3	4	5	6	7	8

DOES THE JOB REQUIRE LIFTING? YES ☐ NO ☒ IF YES, PLEASE COMPLETE THE FOLLOWING ACTIVITIES:

# OF TIMES/DAY		CIRCLE # OF HOURS/DAY								OVERHEAD		
0 - 5 LBS.		0	1	2	3	4	5	6	7	8	YES	NO
6 - 10 LBS.		0	1	2	3	4	5	6	7	8	YES	NO
10 - 25 LBS.		0	1	2	3	4	5	6	7	8	YES	NO

TYPES OF MATERIAL LIFTED:

DOES THE JOB REQUIRE CARRYING? YES ☐ NO ☒ IF YES, PLEASE COMPLETE THE FOLLOWING:

# OF TIMES/DAY		CIRCLE # OF HOURS/DAY								OVERHEAD		
0 - 5 LBS.		0	1	2	3	4	5	6	7	8	YES	NO
5 - 10 LBS.		0	1	2	3	4	5	6	7	8	YES	NO
10 - 25 LBS.		0	1	2	3	4	5	6	7	8	YES	NO

TYPES OF MATERIAL CARRIED:

G-43286-B

P. 3

CCC000186

FEB 11 1997 10:41AM ORLANDO S/R

03-09-99 13:31 FAX PRAC ASSOC

P-64

RECEIVED FROM: 4078505088

02-11-99 10:41

DOES THE JOB REQUIRE TWISTING? YES ☐ NO ☒ Frequency \_\_\_\_\_

WORK PERFORMED WHILE TWISTING: \_\_\_\_\_

DOES THE JOB REQUIRE

	YES	NO
Language Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Arithmetic Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Simple \_\_\_\_\_  
 Simple \_\_\_\_\_  
 Hours Per Day \_\_\_\_\_  
 Frequency \_\_\_\_\_

Complex \_\_\_\_\_  
 Complex \_\_\_\_\_

PLEASE LIST TYPES OF OFFICE EQUIPMENT YOUR EMPLOYEE'S JOB REQUIRES:

IS YOUR EMPLOYEE RIGHT HANDED ☒ OR LEFT HANDED ☐

DOES THE JOB REQUIRE

	YES	NO
Simple Grasping	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fine Manipulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Right Hand	Left Hand
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

IN THIS JOB IS YOUR EMPLOYEE EXPOSED TO

	YES	NO
Heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temperature Extremes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dust	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	YES	NO
Fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Humidity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vibrations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

DOES THE JOB REQUIRE

Ordinary near vision? YES ☒ NO ☐ Hours per day 7+Tadious or repetitive near vision? YES ☐ NO ☒ Hours per day \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING YOUR EMPLOYEE'S JOB ACTIVITIES

SIGNATURE

TITLE

DATE

CCC000187

03-09-99 13:32 FAM PRAC ASSOC  
 FEB 11 '99 10:41AM ORLANDO S/R

P-4

02-11-99 10:48

RECEIVED FROM: 4878595008

P. 02

Important: The following authorization must also be completed by the Employee.

Upon presentation of the original or a photocopy of this signed authorization, I authorize any medical professional, hospital or other medical care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide Continental Casualty Co. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, information concerning advice, care or treatment provided the patient, employee or deceased named below, including information relating to mental illness, use of drugs or use of alcohol. I also authorize my employer, group policyholder or benefit plan administrator to provide Continental Casualty Co. with financial or employment-related information. I also hereby authorize the Social Security Administration to send a copy of the Award (including family awards, if any) or Disallowance Notice to CNA Insurance, P.O. Box 993925, Orlando, Florida 32839-3925 for Social Security Number: 182-48-9637. This information is required by Continental Casualty Co. to calculate my disability benefits under Claim Number: 1. I understand that such information will be used by Continental Casualty Co. for the purpose of evaluating my claim for insurance benefits and that I or any authorized representative will receive a copy of this authorization upon request. This authorization is valid from the date signed for the duration of the claim. I agree that a photographic copy of this authorization shall be as valid as the original. I know it is a crime to complete this form with information I know is false or to omit any facts I know are important.

Joan D. Tesché

Name (Please Print)

Joan D. Tesché

Signature

9/12/97

Date Signed

G-116239-A

CCC000188

FEB 11 '99 10:40AM ORLANDO S/R

03-09-99 13:32 FAM PRAC ASSOC

P.2

ID=717B528852

# FAX

**Date** 3/9//1999

**Number of pages including cover sheet**

**TO:** Dr. Wolf

**ATTN:** Nadine

**Phone:** 717-761-5530

**Fax:** 717-909-5839

**RE:** Joan Tesche

**DOB:** 2/1/55

**FROM:** Gail Gross RN  
CNA

1707 Orlando Central  
Parkway, Orlando, Fl.  
32809

**Phone:** 800-303-9744x2645

**Fax:** 407-858-5399

**REMARKS:** ☒ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

We are the disability carrier for the above named person. Please give this letter to Dr. Wolfe for his review and completion. When completed, please fax back to me at the above fax number.

Please contact me at the above number if there is any problem complying with this request as disability benefits are pending receipt and review of this information.

Thank you.

The accompanying communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged and confidential from this office. If the reader of this message is not the intended recipient you are hereby notified that any dissemination or copying of this communication is neither allowed nor intended and is strictly prohibited. If you receive this communication in error, please immediately notify us at 800-303-9744 EXT.2645

CCC000189

## CNA INSURANCE COMPANIES

*National Account Claims, PO Box 598056, Orlando, Florida 32859-8056*

March 9, 1999  
Dr. Wolf  
Re: Joan Tesche  
DOB: 2/1/55

Dear Dr. Wolf,

We are the long term disability carrier for AMP, Inc. I am the Nurse Case Manager assigned to the medical portion of this claim. Our goal is to work with the physician, the employee and the employer to return the employee to the workplace when medically appropriate.

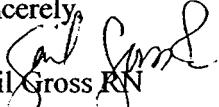
Ms. Tesche has indicated you are her orthopedic physician, and for current restrictions and limitations we should contact you.

In order to effectively manage this claim we need your input. Your cooperation in responding to the following questions is critical. Please feel free to respond directly on this letter and fax back to me at 407-858-5399. I can be reached by telephone at 800-303-9744 X 2645. I have attached a detailed Job Activity Statement to assist you in formulating your response.

1. What activities of her job is she currently incapable of performing? What objective findings support these limitations?
2. Are these restrictions permanent or temporary? If, temporary when are they likely to change?
3. What is the treatment plan?
4. Is she medically stable? If not, when is this anticipated?
5. What is the prognosis for a return to her occupation?

Thank you for your assistance in the management of this claim.

Sincerely,

  
Gail Gross RN  
Nurse Case Manager



For All the Commitments You Make®

CCC000190



SEP

1997

9/9/97



For All the Commitments You Make®

P.O. Box 593925  
Orlando, FL 32859-3925

ES

## EMPLOYER'S JOB ACTIVITIES STATEMENT

EMPLOYEE NAME <u>Joan Tesche</u>		DATE
JOB TITLE <u>S &amp; P Analyst Assistant</u>		CLAIM NO.
EMPLOYER/COMPANY NAME <u>AMP Inc</u>		DATE LAST WORKED <u>5/05/97</u>
ADDRESS	TELEPHONE NUMBER	

DIRECTIONS: PLEASE ANSWER THE FOLLOWING BASED ON YOUR EMPLOYEE'S USUAL JOB ACTIVITIES IMMEDIATELY PRIOR TO HIS/HER DISABILITY. IF THE ACTIVITY DOES NOT APPLY TO HIS/HER JOB PLEASE MARK "N/A".

## BRIEF SUMMARY OF THE JOB ACTIVITIES

Responsible for the documentation of application softwareJOB CAN BE MODIFIED: Temporarily YES ☐ NO ☒ Permanently YES ☐ NO ☐

IF YES, PLEASE SPECIFY:

AVERAGE NO. OF HOURS WORKED		WORKS			
PER DAY	PER WEEK	Inside <u>100%</u>	Outside <u>    </u> %	With People <u>20%</u>	Alone <u>80%</u>
<u>8 - 8 1/2</u>	<u>40 - 42</u>	SUPERVISES			
		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Number of People <u>    </u> Hours/day <u>    </u>	

ANY WORK RESTRICTIONS WHEN HIRED? IF YES, PLEASE EXPLAIN  
YES ☐ NO ☒

PLEASE CIRCLE THE NUMBER OF HOURS/DAYS THE JOB REQUIRES THE FOLLOWING ACTIVITIES:

Sitting	0	1	2	3	4	5	6	7	8
Standing	0	1	2	3	4	5	6	7	8
Walking	0	1	2	3	4	5	6	7	8
Bending	0	1	2	3	4	5	6	7	8
Climbing Stairs	0	1	2	3	4	5	6	7	8

DOES THE JOB REQUIRE LIFTING? YES ☐ NO ☒ IF YES, PLEASE COMPLETE THE FOLLOWING ACTIVITIES:

# OF TIMES/DAY	CIRCLE # OF HOURS/DAY	OVERHEAD
0 - 5 LBS. <u>    </u>	0 1 2 3 4 5 6 7 8	YES NO
5 - 10 LBS. <u>    </u>	0 1 2 3 4 5 6 7 8	YES NO
10 - 25 LBS. <u>    </u>	0 1 2 3 4 5 6 7 8	YES NO

TYPES OF MATERIAL LIFTED:

DOES THE JOB REQUIRE CARRYING? YES ☐ NO ☒ IF YES, PLEASE COMPLETE THE FOLLOWING:

# OF TIMES/DAY	CIRCLE # OF HOURS/DAY	OVERHEAD
0 - 5 LBS. <u>    </u>	0 1 2 3 4 5 6 7 8	YES NO
5 - 10 LBS. <u>    </u>	0 1 2 3 4 5 6 7 8	YES NO
10 - 25 LBS. <u>    </u>	0 1 2 3 4 5 6 7 8	YES NO

TYPES OF MATERIAL CARRIED:

DOES THE JOB REQUIRE TWISTING? YES ☐ NO ☒ Frequency \_\_\_\_\_

WORK PERFORMED WHILE TWISTING: \_\_\_\_\_

DOES THE JOB REQUIRE

	YES	NO
Language Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Arithmetic Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Simple \_\_\_\_\_

Complex \_\_\_\_\_

Simple \_\_\_\_\_

Complex \_\_\_\_\_

Hours Per Day \_\_\_\_\_

Frequency \_\_\_\_\_

PLEASE LIST TYPES OF OFFICE EQUIPMENT YOUR EMPLOYEE'S JOB REQUIRES:

PCIS YOUR EMPLOYEE RIGHT HANDED ☒ OR LEFT HANDED ☐

DOES THE JOB REQUIRE

	YES	NO	Right Hand	Left Hand
Simple Grasping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THIS JOB IS YOUR EMPLOYEE EXPOSED TO

	YES	NO		YES	NO
Heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Humidity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temperature Extremes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibrations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dust	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

DOES THE JOB REQUIRE

Ordinary near vision? YES ☒ NO ☐Hours per day 7+Tedious or repetitive near vision? YES ☐ NO ☒

Hours per day \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING YOUR EMPLOYEE'S JOB ACTIVITIES

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

# JOB ANALYSIS PHYSICAL REQUIREMENTS

EMPLOYEE / APPLICANT NAME Joan Tesche  
 JOB TITLE Sr Analyst asst.  
 JOB DESCRIPTION Responsible for developing documentation related to the application system maintenance or support

NOTE: IN AN 8-HOUR WORKDAY: OCCASIONALLY = 1 - 3 HRS FREQUENTLY = 3 - 5 HRS CONTINUOUSLY = 5 - 8 HRS

## PHYSICAL REQUIREMENTS:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
1. SIT	—	—	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. STAND	—	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	—
3. WALK	—	<input checked="" type="checkbox"/>	—	—
4. LIFT: SEDENTARY 0 - 9 LBS	—	<input checked="" type="checkbox"/>	—	—
LIGHT 10 - 20 LBS	<input checked="" type="checkbox"/>	—	—	—
MEDIUM 21 - 50 LBS	<input checked="" type="checkbox"/>	—	—	—
HEAVY 51 - 100 LBS	<input checked="" type="checkbox"/>	—	—	—
VERY HEAVY 100+ LBS	<input checked="" type="checkbox"/>	—	—	—
5. CARRY: LIGHT 0 - 9 LBS	—	<input checked="" type="checkbox"/>	—	—
MEDIUM 10 - 25 LBS	<input checked="" type="checkbox"/>	—	—	—
HEAVY 26 - 50 LBS	<input checked="" type="checkbox"/>	—	—	—
VERY HEAVY 51+ LBS	<input checked="" type="checkbox"/>	—	—	—
6. PUSH	<input checked="" type="checkbox"/>	—	—	—
7. PULL	<input checked="" type="checkbox"/>	—	—	—
8. TWIST	<input checked="" type="checkbox"/>	—	—	—
9. CLIMB <i>(stairs only)</i>	—	<input checked="" type="checkbox"/>	—	—
10. BALANCE	<input checked="" type="checkbox"/>	—	—	—
11. STOOP	<input checked="" type="checkbox"/>	—	—	—
12. KNEEL	<input checked="" type="checkbox"/>	—	—	—
13. CRAWL	<input checked="" type="checkbox"/>	—	—	—
14. REACH	<input checked="" type="checkbox"/>	—	—	—
15. GRASP	<input checked="" type="checkbox"/>	—	—	—
16. PERFORM REPETITIVE MOVEMENT <i>(Typing on PC)</i>	—	<input checked="" type="checkbox"/>	—	—

## MACHINES, TOOLS, EQUIPMENT & WORK AIDS (LIST):

1. NA

2. —

3. —

## CHEMICALS AND SPECIAL HAZARDS (LIST):

1. NA

2. —

3. —

4. —

5. —

6. —

7. —

8. —

SUPERVISOR SIGNATURE

*[Signature]*

DATE

5/09/97

CNA ) NTL ACCT

..... (AUTO) .....

THE FOLLOWING FILE(S) ERASED

FILE	FILE TYPE	OPTION	TEL NO.	PAGE	RESULT
051	TRANSMISSION		817179095839	05	OK

.....  
ERRORS

1) HANG UP OR LINE FAIL      2) BUSY      3) NO ANSWER      4) NO FACSIMILE CONNECTION

Joan D. Tesché  
 7737 Fishing Creek Valley Road  
 Harrisburg, PA 17112  
 717-469-1151

February 16, 1999

Laura Collins/CNA  
 1707 Orlando Parkway  
 P.O. Box 593925  
 Orlando, FL 32859-9988

RE: Claim Number: 93-34900P1702  
 Policy Number: 0083089679

Laura,

After I got off the phone with you, I realized that I incorrectly told you that Dr. Rubenstein, my family practitioner should be contacted for disability/limitation reports. Please excuse my error. Dr. Steven B. Wolf, should be contacted with any disability/limitation requests, as he is my orthopedic surgeon. He'll be able to give a more precise evaluation. His address and phone number is given below.

Orthopedic Institute of Pennsylvania  
 Dr. Steven B. Wolf  
 875 Poplar Church Road  
 Camp Hill, PA 17011  
 (717) 761-5530

Also, I'm including a list of current and scheduled treatments relating to my disability, and the doctor's whom are providing the care for your records. I will be scheduling a follow-up visit with Dr. Wolf in the near future.

1998 Treatment Dates			
Date	Location	Treating Physician	Type of Visit
Jan. 5, 1999	FP <sup>1</sup>	Dr. Jackson	Office Visit
Jan. 21	CAPMC <sup>2</sup>	Dr. Jean Santo	SI Injection
Feb. 5	FP	Dr. Faber	Office Visit
Feb. 15	HPMT <sup>3</sup>	Dr. Dan Williams	1 <sup>st</sup> Office Visit
Feb. 19	Women's Health	Dr. David R. Halbert	Office Visit - yearly (unrelated)
Mar. 8	HPSY <sup>4</sup>	Dr. George Blackall	1 <sup>st</sup> Office Visit (Psychologist)
Mar. 17	HPMT	Dr. Dan Williams	Trigger Point Injections

If there are any further questions, please feel free to contact me.

Sincerely,



<sup>1</sup> FP = Family Practice Associates - East 2151 Linglestown Road, Harrisburg, PA 17110 (717) 652-5380

<sup>2</sup> CAPMC = Capital Area Pain Management Consultants 2447 N. 3<sup>rd</sup> Street, Harrisburg, PA 17110 (717) 236-3171

<sup>3</sup> HPMT = Hershey Pain Management Treatment P.O. Box 850 Suite H2003, Hershey, PA 17033 (800) 292-3332

<sup>4</sup> HPSY = Hershey Pain Specialties P.O. Box 850, Suite H2003, Hershey, PA 17033 (717) 531-6834





1707 Orlando Central Parkway Orlando FL 32809-9988  
PO Box 593925 Orlando FL 32859-3925

Date: 2/19/99

Claim No. 93-3490021702  
Policy No. 0083084679

To: Joan D. Tesche  
7737 Fishing Creek Valley Rd  
Harrisburg, PA 17112

Dear Mrs. Tesche:

- ☐ Please have your doctor complete his part of the claim form.
- ☐ Additional information is needed; please sign and date the enclosed authorization.
- ☐ Please advise the status of Social Security Award. If benefits have been awarded, please send a copy of award certificates. If denied, please send a copy of denial.
- ☐ Please provide a copy of the initial benefit letter or initial benefit payment which provides the effective date and the amount of your weekly state disability benefit. Remember to provide notice of termination.
- ☐ Please send copies of the award certificates for your spouse and eligible dependents.
- ☐ Have you requested Social Security (Reconsideration-Hearing)? If so, when? If not, please do so at once and send proof of your request.
- ☐ Please send a copy of your birth certificate.
- ☐ A previous request was made for this information.
- ☐ We have not yet received your claim form. Please return the enclosed form upon completion, in the envelope provided.
- ☐ Please return the Integration Acknowledgement forms previously requested.
- ☒ Please call me at the number indicated below to discuss your claim.
- ☒ We have been unable to obtain updated information from your physician. Please contact us as soon as possible to avoid interruption of benefits.

Sincerely,

Laura Collins

Special Risks Claims  
Customer Service Unit

800-303-9244 x5256

CC:

G-101872-D

TRANSMISSION RESULT REPORT (JUL 28 '98 01:20PM)

CNA ) NTL ACCT

(AUTO)

THE FOLLOWING FILE(S) ERASED

FILE	FILE TYPE	OPTION	TEL NO.	PAGE	RESULT
011	TRANSMISSION		817176520832	04	OK

## ERRORS

1) HANG UP OR LINE FAIL 2) BUSY 3) NO ANSWER 4) NO FACSIMILE CONNECTION





For All the Commitments You Make

DR. Rubenstein

RE: Joan Fache'

Attention: \_\_\_\_\_

Date of birth: 2/1/55

Phone: (717) 652-3740

Authorization attached

Fax: (717) 652-0832

Necessary information is needed to continue processing your patient's claim for disability benefits. PLEASE HELP.

PLEASE SEE THE INCLUDED JOB ACTIVITY SHEET.

**What are the current limitations that prevent return to the patient's own job?**

Standing \_\_\_\_\_ hr/day

Walking \_\_\_\_\_ hr/day

Sitting \_\_\_\_\_ hr/day

Lifting \_\_\_\_\_ pounds

Carrying \_\_\_\_\_ pounds

Pulling \_\_\_\_\_ pounds

Pushing \_\_\_\_\_ pounds

Other: \_\_\_\_\_

IS MS. FACHE' @ MMI?  
Are the limits temporary or permanent?

**\*\*\*\*OBJECTIVE findings MUST BE PROVIDED to support any limitations given.**

Thank you for your information. CNA is the disability insurance carrier and we provide monthly disability benefits to your patient if the objective medical findings support the disability. Your response is valuable to this patient.

Pam Groover RN, NCM phone : 800-303-9744x4055 Fax: 407-858-5399



**Important:** The following authorization must also be completed by the Employee.

Upon presentation of the original or a photocopy of this signed authorization, I authorize any medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide Continental Casualty Co. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, information concerning advice, care or treatment provided the patient, employee or deceased named below, including information relating to mental illness, use of drugs or use of alcohol. I also authorize my employer, group policyholder or benefit plan administrator to provide Continental Casualty Co. with financial or employment-related information. I also hereby authorize the Social Security Administration to send a copy of the Award (including family awards, if any) or Disallowance Notice to CNA Insurance, P.O. Box 593925, Orlando, Florida 32859-3925 for Social Security Number: 182-48-9637. This information is required by Continental Casualty Co. to calculate my disability benefits under Claim Number: \_\_\_\_\_. I understand that such information will be used by Continental Casualty Co. for the purpose of evaluating my claim for insurance benefits and that I or any authorized representative will receive a copy of this authorization upon request. This authorization is valid from the date signed for the duration of the claim. I agree that a photographic copy of this authorization shall be as valid as the original. I know it is a crime to complete this form with information I know is false or to omit any facts I know are important.

Joan D. Tesché  
Name (Please Print)

Joan D. Tesché  
Signature

9/12/97  
Date Signed

G-116299-A

SEP

1997

Gregory Lutz  
9/9/97

For All the Commitments You Make

P.O. Box 593925  
Orlando, FL 32859-3925

ES

## EMPLOYER'S JOB ACTIVITIES STATEMENT

EMPLOYEE NAME <u>Joan Tesche</u>		DATE
JOB TITLE <u>S&amp;P Analyst Assistant</u>		CLAIM NO.
EMPLOYER/COMPANY NAME <u>AMP Inc</u>		DATE LAST WORKED <u>5/05/97</u>
ADDRESS	TELEPHONE NUMBER	

DIRECTIONS: PLEASE ANSWER THE FOLLOWING BASED ON YOUR EMPLOYEE'S USUAL JOB ACTIVITIES IMMEDIATELY PRIOR TO HIS/HER DISABILITY. IF THE ACTIVITY DOES NOT APPLY TO HIS/HER JOB PLEASE MARK "N/A".

## BRIEF SUMMARY OF THE JOB ACTIVITIES

Responsible for the documentation of application softwareJOB CAN BE MODIFIED: Temporarily YES ☐ NO ☒ Permanently YES ☐ NO ☐

IF YES, PLEASE SPECIFY:

AVERAGE NO. OF HOURS WORKED		WORKS	
PER DAY	PER WEEK	Inside <u>100%</u>	Outside <u>0%</u>
<u>8 - 8 1/2</u>	<u>40 - 42</u>	With People <u>20%</u>	Alone <u>80%</u>
SUPERVISES		Number of People <u>          </u> Hours/day <u>          </u>	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

ANY WORK RESTRICTIONS WHEN HIRED? IF YES, PLEASE EXPLAIN  
YES ☐ NO ☒

PLEASE CIRCLE THE NUMBER OF HOURS/DAYS THE JOB REQUIRES THE FOLLOWING ACTIVITIES:

Sitting	0	1	2	3	4	5	6	7	8
Standing	0	1	2	3	4	5	6	7	8
Walking	0	1	2	3	4	5	6	7	8
Bending	0	1	2	3	4	5	6	7	8
Climbing Stairs	0	1	2	3	4	5	6	7	8

DOES THE JOB REQUIRE LIFTING? YES ☐ NO ☒ IF YES, PLEASE COMPLETE THE FOLLOWING ACTIVITIES:

# OF TIMES/DAY	CIRCLE # OF HOURS/DAY	OVERHEAD
0 - 5 LBS. <u>          </u>	0 1 2 3 4 5 6 7 8	YES NO
5 - 10 LBS. <u>          </u>	0 1 2 3 4 5 6 7 8	YES NO
10 - 25 LBS. <u>          </u>	0 1 2 3 4 5 6 7 8	YES NO

TYPES OF MATERIAL LIFTED:

DOES THE JOB REQUIRE CARRYING? YES ☐ NO ☒ IF YES, PLEASE COMPLETE THE FOLLOWING:

# OF TIMES/DAY	CIRCLE # OF HOURS/DAY	OVERHEAD
0 - 5 LBS. <u>          </u>	0 1 2 3 4 5 6 7 8	YES NO
5 - 10 LBS. <u>          </u>	0 1 2 3 4 5 6 7 8	YES NO
10 - 25 LBS. <u>          </u>	0 1 2 3 4 5 6 7 8	YES NO

TYPES OF MATERIAL CARRIED:

DOES THE JOB REQUIRE TWISTING? YES ☐ NO ☒ Frequency \_\_\_\_\_

WORK PERFORMED WHILE TWISTING: \_\_\_\_\_

DOES THE JOB REQUIRE

	YES	NO
Language Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Arithmetic Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Telephone Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Simple \_\_\_\_\_ Complex \_\_\_\_\_  
 Simple \_\_\_\_\_ Complex \_\_\_\_\_  
 Hours Per Day \_\_\_\_\_  
 Frequency \_\_\_\_\_

PLEASE LIST TYPES OF OFFICE EQUIPMENT YOUR EMPLOYEE'S JOB REQUIRES:

IS YOUR EMPLOYEE RIGHT HANDED ☒ OR LEFT HANDED ☐

DOES THE JOB REQUIRE

	YES	NO	Right Hand	Left Hand
Simple Grasping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Manipulation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THIS JOB IS YOUR EMPLOYEE EXPOSED TO

	YES	NO		YES	NO
Heights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Machinery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Humidity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temperature Extremes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vibrations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dust	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

DOES THE JOB REQUIRE

Ordinary near vision? YES ☒ NO ☐Hours per day 7+Tedious or repetitive near vision? YES ☐ NO ☒

Hours per day \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING YOUR EMPLOYEE'S JOB ACTIVITIES

SIGNATURE

TITLE

DATE

CCC000201

**FAMILY PRACTICE ASSOCIATES - EAST**

**A BEACON MEDICAL GROUP PRACTICE**

2151 Linglestown Road • Harrisburg, PA 17110

(717) 652-5380 • Fax (717) 652-0832

April 17, 1998

American Security Group  
P.O. Box 105209  
Atlanta, Georgia 30348-9714

Attention: USLIC Claims Dept.

Dear Sir or Madam:

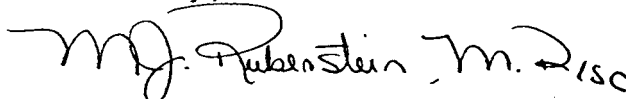
Re: Joan Tesche  
Acct. No. 5424180126050399  
Claim No. C97064651

Ms. Joan Tesche (Social Security No. 182-48-9637), a patient in my medical practice, has requested that I document her claim of disability related to chronic low back pain, lumbar disc disease, and failed low back surgery. She has been unable to return to work because of her pain. Enclosed is information from her medical record which pertains to her ongoing disability.

If further documentation of her medical status is required, I suggest that an independent medical examination be conducted, to establish her level of function and current degree of disability.

It is my understanding that she is continuing her efforts to find employment which she may perform with an acceptable degree of physical comfort.

Sincerely,

  
Morton J. Rubenstein, M.D.

MJR:sc

Enclosures

(Dictated but not proof read. sc)

ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

(717) 761-5530

Patient: Joan D. Tesche  
DOB: 02/01/55

SSN: 182 48 9637

Chart #: 10430401  
Page # 5

6/05/1996

STEVEN B. WOLF, M.D.

LEVEL 1 POSTOP SPINE

-CONTINUED

PHYSICAL EXAM: Her wound is clean and dry. Her is neurologically intact.

DIAGNOSTIC TESTS: Her x-rays show the fusions are solid and her instrumentation is absent.

PLAN: We put steri-strips on her wound and we will see her back in four weeks to see how she is doing.

SBW/dmr

7/03/1996

STEVEN B. WOLF, M.D.

LEVEL 2 OV

Poplar Church Road Office

CHIEF COMPLAINT: Joan is still somewhat better than she was before getting her instrumentation removed. She still has persistent left buttock and leg pain attributable to her sacroiliac joint. She got complete relief after injection in this joint. She would like to get another injection and see if she gets even longer lasting relief.

PHYSICAL EXAM: Her exam is fairly good, except for tenderness over the sacroiliac joint area.

DIAGNOSIS: F/U removal of instrumentation

PLAN: We will go ahead and set her up for the SI joint injection under CT direction. We will see her back in 6-8 weeks to see how she is doing.

SBW/bam

Orthopedic Institute of PA  
875 POPLAR CHURCH RD.  
CAMP HILL, PA 17011

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(717) 761-5530

Patient: Joan D. Tesche

Chart #: 10430401

DOB: 02/01/55

SSN: 182 48 2637

Page # 4

5/21/1996

STEVEN B. WOLF, M.D.

-CONTINUED

HOLY SPIRIT INPATIENT

PROCEDURE: Posterior spine exploration and examination of fusion mass  
and removal of segmental spinal instrumentation.

SBW/dmr

SURGEON: Dr. Wolf

Assistant: John Lehman, MD

CPT #22830

22852

Orthopedic Institute of PA

875 POPLAR CHURCH RD.

HOLY SPIRIT HOSPITAL DISCHARGE  
CAMP HILL, PA 17011

5/24/1996

ALEXANDER KALENAK, M.D.

HOLY SPIRIT INPATIENT

May 24, 1996

HOLY SPIRIT HOSPITAL ADMISSION

DIAGNOSIS: Fever and headaches, post-op.

She was admitted to determine whether she has an allergic  
reaction to Hydrocodone or post-op wound infection or urinary  
tract infection.

AK/ckb

HOLY SPIRIT HOSPITAL DISCHARGE

5/25/1996

JASON J. LITTON, M.D.

HOLY SPIRIT INPATIENT

May 24, 1996

HOLY SPIRIT HOSPITAL ADMISSION

May 25, 1996

HOLY SPIRIT HOSPITAL DISCHARGE

She was admitted for Dr. Wolf during the night because of fever. She had a  
white count of 13,700, but the only positive finding seemed to be some  
bacteria in her urine, and a urine culture was taken. The morning after  
admission her temp was 100 her wound looked just fine, and she was  
discharged, and she is to call if she has fever again.

JUL/clv

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6/05/1996

STEVEN B. WOLF, M.D.

LEVEL 1 POSTOP SPINE

Poplar Church Road

CHIEF COMPLAINT: Joan is two weeks status post removal of her  
instrumentation. She has already improved from preop.

(717) 761-5530

Patient: Joan D. Tesche

DOB: 02/01/55

SSN: 152 48 9637

Chart #: 10430401

Page # 3

3/07/1996

STEVEN B. WOLF, M.D.

-CONTINUED

LEVEL 3 OV

SBW/dmr

cc: Dr. Faber

3/21/1996

STEVEN B. WOLF, M.D.

LEVEL 3 OV

Poplar Church Road

CHIEF COMPLAINT: Joan had a very nice response to her sacroiliac joint injection on the left side. She said it got rid of all her pain in the left leg. She still has the pain in the midline and it is a little above her pelvis and I think this is probably from the hardware.

The pain was only relieved for about two days, however. She had the injection on Friday so she is not quite a week out yet.

PHYSICAL EXAM: She has a negative Faber test but she is still tender over the left sacroiliac joint.

DIAGNOSIS: Left SI joint dysfunction; S/P anterior/posterior spine reconstruction L/S Spine.

PLAN: I discussed the problem with Joan in detail and reexamined her. Joan is reluctant to proceed any further with the sacroiliac joints such as doing a fusion at all. It is nice to know that this is the pain generator for the left leg pain. I told her we could repeat the injection another couple of times. She does want to go ahead and get the hardware removed from her spine. We will go ahead and set her up for this.

The risks and possible complications of surgery have been explained to Joan including death, infection, bleeding, neurologic injury. She understands this and wishes to proceed with surgery. We will go ahead and set this up and we will also inject her left SI joint with C-arm guidance at the time of her hardware removal.

Orthopedic Institute of PA  
875 POPLAR CHURCH RD  
CAMP HILL, PA 17011

SBW/dmr

5/21/1996

STEVEN B. WOLF, M.D.

HOLY SPIRIT INPATIENT

May 21, 1996

HOLY SPIRIT HOSPITAL ADMISSION

May 21, 1996

HOLY SPIRIT HOSPITAL INPATIENT

DIAGNOSIS: S/P posterior spine fusion with instrumentation with retained hardware.

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CCC000205

(717) 761-5530

Patient: Joan D. Tesche  
DOB: 02/01/55 SSN: 182 48 9637

Chart #: 10430401  
Page # 2

12/28/1995 STEVEN B. WOLF, M.D.

-CONTINUED-

PROGRESS NOTE

that she would probable benefit with removal of her instrumentation. I told her that this helps in about 50% of the cases. She is unable to sit for prolonged periods.

I went over the risks and possible complications of surgery including death, infection, bleeding, neurologic injury and pseudoarthrosis. I told her if the fusion is not solid I would have to enhance it with some bone graft substitute. We may need to keep her in a brace postoperatively. I feel that the interbody fusion is taking very well so that her spine is fairly stable.

She understands the risks and possible complications of surgery and wishes to proceed. She did have same nausea from the anesthesia previously so we will need to keep this in mind. Also she is currently taking Prozac, 20mg daily so we will need to continue this during her hospital stay.

I answered all of Joan's questions the best I could and we will go ahead and proceed and schedule her surgery. I will keep you informed of her progress.

SBW/dmr  
Letter to Dr. Faber

CORRESPONDENCE

(Ref) F. SAMUEL FABER, M.D.  
3/07/1996 STEVEN B. WOLF, M.D.

LEVEL 3 OV

Poplar Church Road

Orthopedic Institute of PA  
875 POPLAR CHURCH RD.  
CAMP HILL, PA 17011

CHIEF COMPLAINT: Joan returned from her second opinion with Dr. Huckle at Johns Hopkins Hospital. Dr. Huckle also recommended removal of her posterior instrumentation and possible exploration of her nerve roots. He recommended repeat discograms at L4-5 and L3-4.

PHYSICAL EXAM: I examined Joan and felt that she is exquisitely tender over her sacroiliac joint on the left. She has a slightly positive Faber test on the left side and negative on the right. She also had a positive tension sign on the left side but not as severe as it once was.

DIAGNOSIS: Possible SI joint dysfunction

PLAN: I am going to recommend a sacroiliac joint injection under CT direction with an arthrogram and injection of Celestone. I am hopeful this will delineate the pain generator. I am hopeful also that the steroid will help alleviate some of her symptoms. She still may need the instrumentation removal. Her previous discograms showed a normal response at L4-5 and this was performed in July 1995.

We will go ahead and set her up for the injection at Holy Spirit with Dr. Jagannoth and I will see her back two weeks after that.

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## ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

(717) 761-5530

Patient: Joan D. Tesche  
 DOB: 02/01/55 SSN: 182 48 9637

Chart #: 10430401  
 Page # 1

10/25/1995 STEVEN B. WOLF, M.D.

BRIEF OFFICE VISIT

Joan is about 8 wks out from her anterior discectomy and interbody fusion. She is having some persistent pain especially on the left side. She did get some relief with the Prednisone Dose pack. She is a little discouraged because she does not feel she is any better than before surgery at this point. Some of this may be due to scar tissue.

Her x-rays show her interbody fusion to be incorporating very nicely. Her instrumentation is in satisfactory position.

I told Joan that she may eventually need the instrumentation taken out. This may be part of the pain that she is having. I'm hopeful she will continue to make progress. I'll see her back in about 6-8 wks at which time we'll get new x-ray, AP and lateral of the lumbar spine. I started her at Keystone Spine Center for McKenzie exercises.

SBW/dmr

Orthopedic Institute of PA  
 875 POPLAR CHURCH RD.  
 CAMP HILL, PA 17011

cc: Richard Hasz, MD  
 12/07/1995 STEVEN B. WOLF, M.D.

PROGRESS NOTE

Joan is having progressively worsening problems with lower extremity numbness and tingling on both sides as well as some weakness especially on the left side. She is having left leg pain as well. She slipped on the ice several days ago and started having worsening pain in the left lower extremity. She did not fall but she caught herself and jerked her back.

Her exam shows that she has a positive sciatic nerve tension sign on the left side and she also has marked weakness in her ankle dorsiflexor and EHL at a 3+/5.

I am concerned that she may have a herniated disc at L4-5. I am sending her for a myelo/CT scan in order to delineate the degree of spinal stenosis. Her x-rays taken today shows satisfactory position of her instrumentation and her fusion is incorporating nicely in the front. We will see her in the hospital for her myelogram/CT.

SBW/dmr

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12/28/1995 STEVEN B. WOLF, M.D.

PROGRESS NOTE

Joan went for a myelogram with a follow-up CT scan of her lumbar spine to rule-out any stenosis. Her myelogram looked excellent. There was no stenosis at all and no herniated discs. Her CT scan also showed that. It showed the fusion to be in place in her interbody space between L5 and S1.

I talked to Joan again at length about the options at this point. I told her

RONALD R. OFFE, M.D.  
JOHN R. FRANKENY II, M.D.  
JAMES A. SHAW, M.D.

GREGORY A. HANKS, M.D.  
ALEXANDER KALENAK, M.D.

# ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

TELEPHONE: (717) 761-5530 • (800) 834-4020 • FAX: (717) 737-7197

July 28, 1995

Richard D. Hasz, M.D.  
1201 W. Governor Road  
Hershey, Pa. 17033

RE: Joan Tesche  
Chart #104304  
SS# 182-48-9637

Orthopedic Institute of PA  
875 POPLAR CHURCH RD.  
CAMP HILL, PA 17011

Dear Doctor Hasz:

I had the pleasure of seeing Joan Tesche of 7737 Fishing Creek Valley Road, Harrisburg, Pennsylvania, in the office on July 19, 1995. She returned with her discograms which showed a markedly provocative response at L5-S1 and a normal response at L4-5. I think the internal disc disruption at L5-S1 is what is giving her all of her pain. I reviewed her MRI that showed a disc bulge at L5-S1 on the left side but otherwise it looks fairly good. There is no evidence of arachnoiditis. There is not an awful lot of scar tissue.

I talked at length with Joan about where to go from here. I told her that the surgical options would include either an anterior approach with a discectomy and interbody fusion with carbon fiber ramps and autogenous iliac crest bone graft or possibly we could do it all from the back with a posterior lumbar interbody fusion. I am more inclined to go anteriorly because I think her recovery will be quicker and we won't have to deal with the scar tissue. Depending on how she does after the anterior surgery we may still need to go posteriorly at a later date to remove her instrumentation after we get a solid interbody fusion. I told her the surgery would take three to four hours and I would have Dr. Greg Keagy do the approach. He is a cardiothoracic surgeon that I work with very often. I would appreciate you performing pre-operative medical clearance on Joan and if she needs any medical treatment post-operatively I will have one of the local internists see her at Holy Spirit Hospital.

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HERSHEY OFFICE

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CAMP HILL OFFICE

875 POPLAR CHURCH RD.

CCC000208

Chart #104304  
SS# 182-48-9637

August 29, 1995 HOLY SPIRIT HOSPITAL IN PATIENT

DIAGNOSIS: 1. Painful internal disc disruption L5-S1. 2. Degenerative disc disease with spondylosis L5-S1. 3. Status post posterior spine fusion L5-S1 with instrumentation.

PROCEDURE: 1. Anterior discectomy L5-S1 via a retroperitoneal approach. 2. Anterior interbody fusion L5 to S1 with carbon fiber cages, iliac crest bone graft and interbody bone graft substitute. 3. Harvesting left iliac crest bone graft and reconstruction of the crest with interbody bone graft substitute.

SURGEONS: Dr. Wolf and Dr. Keagy

ASSISTANT: Dr. Damore

SBW/ms

SEPTEMBER 13, 1995 POPLAR CHURCH

Joan is two weeks out from her anterior discectomy and interbody fusion. She is doing very well. She gets some pains in the left leg while walking and I think this is common after an anterior approach. The back pain that she had previously is completely gone. Her wound is clean and dry.

Her x-rays show her interbody graft to be in satisfactory position. I will see her back in about six weeks to see how she is doing. I wrote her a prescription for a Prednisone dose pack. When I see her back we will get new x-rays, AP and lateral of her lumbosacral spine.

SBW/ms

Orthopedic Institute of PA  
875 POPLAR CHURCH RD  
CAMP HILL, PA 17011

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TESCHE, Joan  
Chart #104304  
SS# 182-48-9637  
July 28, 1995  
PAGE TWO

I want to thank you in advance for your help in the care of this patient. I will also have Joan donate one unit of her own blood in preparation for surgery.

Sincerely yours,

Steven B. Wolf, M.D.

SBW/ms  
Dictated but not read

Orthopedic Institute of PA  
875 POPLAR CHURCH RD  
CAMP HILL, PA 17011

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7737 Fishing Creek Valley Road  
Harrisburg, Pa.  
#104304

JUNE 21, 1995 POPLAR CHURCH

Joan has gradually been getting worse, especially with left lower extremity radicular pain and weakness. She feels an increased burning pain in her back that she has all the time. She is really in alot of discomfort.

Her exam today shows she has a positive sciatic nerve tension sign on the left side and a slightly positive reverse tension sign. She has weakness in her left ankle dorsiflexor and extensor hallicus longus as well as slight weakness in her gastroc.

I think Joan may be suffering from discogenic pain at the level above as well as the level of her fusion. We will want to repeat these as well as repeat her MRI. We will get a new MRI from L2 to the sacrum and then get discograms with Dr. Kerry Thompson in Annapolis Maryland. I will see her back after all these. She is probably going to need surgery. I am going to put her on a Prednisone Dose Pack as well as some Ultram and I will give her a prescription for Darvocet N 100 as well.

SBW/ms

cc: Richard D. Hasz, M.D.

JUL 19 1995 POPLAR CHURCH

See letter to Richard Hasz, M.D. dated July 28, 1995.

SBW/ms

Orthopedic Institute of PA  
875 POPLAR CHURCH RD  
CAMP HILL, PA 17011

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STEVEN B. WOLF, M.D.  
GREGORY A. HANKS, M.D.  
ALEXANDER KALENAK, M.D.

## ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

TELEPHONE: (717) 761-5530 • (800) 834-4020 • FAX: (717) 737-7197

July 28, 1995

Gregory S. Keagy, D.O.  
423 N. 21st Street  
Camp Hill, Pa. 17011

Re: Joan Tesche  
Chart #104304  
SS# 182-48-9637

Dear Greg:

Joan Tesche of 7737 Fishing Creek Valley Road, Harrisburg, Pennsylvania, is a patient of mine at the Orthopedic Institute of Pennsylvania. She has internal disc disruption at L5-S1. I would appreciate your help in doing an anterior discectomy at L5-S1 followed by an interbody fusion. I know you will enjoy meeting Joan as she is a delightful patient and I would appreciate your help.

Sincerely yours,

Steven B. Wolf, M.D.

SBW/ms  
Dictated but not read

Orthopedic Institute of PA  
875 POPLAR CHURCH RD.  
CAMP HILL, PA 17011

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RICHARD J. BOAL, M.D.  
JAMES R. HAMSHYER, M.D., F.A.C.S.  
WILLIAM W. DEMUTH, M.D., F.A.C.S.  
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# ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

TELEPHONE: (717) 761-5530 • (800) 834-4020 • FAX: (717) 737-7197

July 28, 1995

Gregory S. Keagy, D.O.  
423 N. 21st Street  
Camp Hill, Pa. 17011

Re: Joan Tesche  
Chart #104304  
SS# 182-48-9637

Dear Greg:

Joan Tesche of 7737 Fishing Creek Valley Road, Harrisburg, Pennsylvania, is a patient of mine at the Orthopedic Institute of Pennsylvania. She has internal disc disruption at L5-S1. I would appreciate your help in doing an anterior discectomy at L5-S1 followed by an interbody fusion. I know you will enjoy meeting Joan as she is a delightful patient and I would appreciate your help.

Sincerely yours,

*Steven B. Wolf, M.D.*  
Steven B. Wolf, M.D.

SBW/ms  
Dictated but not read  
CC: Richard Hasz, M.D.

Orthopedic Institute of PA  
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CCC000213

ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

TELEPHONE: (717) 761-5530 • (800) 834-4020 • FAX: (717) 737-7197

June 23, 1995

Kerry Thompson, M.D.  
Anne Arundel Medical Center  
100 Cathedra Street, Suite 100  
Annapolis, MD 21401

Dear Kerry:

This is in reference to Joan Tesche (chart #104304) of 7737 Fishing Creek Valley Road, Harrisburg, Pennsylvania, who is a patient of mine at the Orthopedic Institute of Pennsylvania. She had an instrumented posterior fusion by Dr. Todd Wetzel at L5-S1 for discogenic pain. She has increased symptoms that may be from the level above her fusion. I would appreciate you evaluating her with discograms at L3-4, L4-5, and L5-S1.

As always, thank you very much for your help in the care of this patient.

Sincerely yours,

Steven B. Wolf, M.D.

SBW/ms  
cc: Richard D. Hasz, M.D.  
Dictated but not read

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CCC000214



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# ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

TELEPHONE: (717) 761-5530 • (800) 834-4020 • FAX: (717) 737-7197

July 12, 1995

Healthamerica  
 2601 Market Place Street  
 Harrisburg, PA 17110

To Whom It May Concern:

This letter is in reference to Joan Tesche of 7737 Fishing Creek Valley Road, Harrisburg, Pennsylvania. As part of a diagnostic workup for many spine problems, I refer patients for discogram and discometric studies. I refer these patients to Dr. Kerry Thompson in Annapolis, Maryland because this is best for the patient and for obtaining valuable information. This study can be very painful and very traumatic to patients when done incorrectly. Many locations perform discograms, however, the patient suffers and the results are not very useful. I have never had a patient report an unpleasant experience at the hands of Dr. Kerry Thompson at his facility in Annapolis, Maryland. Dr. Thompson is well-known in the spine community, and I am sure if you talked with any qualified spine surgeons, they would support my claims.

I hope this information has been of some use to you. If you desire any further information, please contact me.

Sincerely yours,

*Steven B. Wolf, M.D.*  
 Steven B. Wolf, M.D.

SBW/hmr  
 Dictated but not read

Orthopedic Institute of PA  
 875 POPLAR CHURCH RD.  
 CAMP HILL, PA 17011

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 COCOA & CHOCOLATE AVE.

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CCC000215

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Richard J. Boal, M.D.  
Roy E. Bands II, M.D.  
Steven B. Wolf, M.D.  
Gregory A. Hanks, M.D.

December 21, 1994

Richard D. Hasz, M.D.  
1201 W. Governor Road  
Hershey, PA 17033

Dear Dr. Hasz:

I had the pleasure of seeing Joan Teshe again in the office on December 15, 1994. As you know, I have been seeing her for her spinal problems. I recently gave her a Prednisone dose pack and she had a very good response taking that. She has far less back pain and far less radicular pain. Her exam today shows that she has no sciatic nerve tension signs at all and her gait is normal.

I think it is great that she is doing better after the Prednisone, and I told her we could always try an epidural steroid injection or perhaps repeat the Prednisone dose pack should she have repeat symptoms prior to proceeding with more aggressive workup such as discograms. Surgery is definitely a last resort in Joan and we re-emphasized that today.

I'll be seeing Joan back on a prn basis, and I will keep you informed of her progress.

Sincerely yours,

Steven B. Wolf, M.D.

SBW/hmr  
Dictated but not read

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Steven B. Wolf, M.D.  
Gregory A. Hanks, M.D.

December 6, 1994

Richard D. Hasz, M.D.  
1201 W. Governor Road  
Hershey, PA 17033

Dear Dr. Hasz:

This letter is in reference to Joan Teshe of 7737 Fishing Creek Valley Road, Harrisburg, Pennsylvania, who I have been taking care of since March 9, 1994. The patient was referred to me by Dr. Wetzel who has referred many patients from his practice since he moved to Chicago. I believe you have copies of all office notes to date. Joan was operated on for discogenic pain. I believe she is still having the discogenic pain and may require an anterior discectomy with an interbody fusion. Her workup thus far has included blood work to rule out infection, as well as an MRI to rule out any further stenosis. Her MRI did show that she had a dessicated L5-S1 disc. The rest of her discs looked very, very good as I mentioned in my previous notes. I told Joan that further workup would require a discogram. However, I would not send her for a discogram unless we were considering further surgery. Further surgery would require an anterior discectomy with an interbody fusion with a possible posterior approach, as well as with a decompression and a check on the fusion mass and probable removal of her instrumentation. I hope this information has been useful. If you desire any further information or explanation, please feel free to contact me.

Sincerely yours,

Steven B. Wolf, M.D.

SBW/hmr  
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875 POPLAR CHURCH RD  
CAMP HILL, PA 17011

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CCC000218

March 9, 1994

See letter to Dr. Todd Wetzel dated March 9, 1994

SBW

Orthopedic Institute of PA  
875 POPLAR CHURCH RD.  
CAMP HILL, PA 17011

SEP 08 1994

Joan is about 2 1/2 years status post an instrumented L5-S1 fusion for discogenic pain. She has been having some increasing left leg pain and back pain. She also has had some night sweats and chills for the past 3 months. In addition, her bowel habits have changed. She is becoming more and more constipated as time goes on and she appears to have lost some of the sensation of urinating. She has not had any injury at all.

Physical exam shows that she has some tenderness over her incision site in the midline, however, it is exquisitely tender over her iliac crest site. I can feel a little muscle separation in the area of her crest site. She has a positive sciatic nerve tension sign on the left sitting and supine with a positive Lasegue test. She has 4 out of 5 strength in her left extensor hallucis longus and left ankle dorsiflexor and she also has marked gastroc fatigability on the left. The rest of her musculature is 5 out of 5. Her deep tendon reflexes are intact and symmetric at the knees and the ankles.

Due to complaints of some interscapular pain, I examined her neck and upper extremities. She has increased pain with axial loading on her head with extension and lateral bending to the left side. Her motor exam is 5 out of 5 throughout all muscle groups in her upper extremities and she has negative Hoffman's and intact and normal deep tendon reflexes. Her sensation is grossly intact.

I obtained x-rays today of her lumbosacral spine that showed the instrumentation to be in satisfactory position without any evidence of hardware failure. I do not have her old x-rays to compare.

I think that Joan is suffering from some nerve root impingement, and I would like to proceed with an MRI using the wide bore magnet. I've been told that this gives less artifact. Also, I want to get a CBC with erythrocyte sedimentation rate to see if there is any evidence of infection. We may need to proceed with a bone scan or an Indium 111 scan should the lab test be abnormal. She also may need repeat discograms at L4-5 and L5-S1. We will see her back after her MRI.

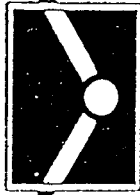
SBW

9-12-94 - found notes to Dr. Hartz (Fr# 533-4708) per patient's request.

*John*

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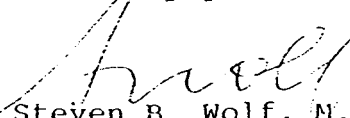
December 6, 1994

Richard D. Hasz, M.D.  
1201 W. Governor Road  
Hershey, PA 17033

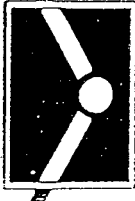
Dear Dr. Hasz:

This letter is in reference to Joan <sup>Tesche</sup> ~~Teshe~~ of 7737 Fishing Creek Valley Road, Harrisburg, Pennsylvania, who I have been taking care of since March 9, 1994. The patient was referred to me by Dr. Wetzel who has referred many patients from his practice since he moved to Chicago. I believe you have copies of all office notes to date. Joan was operated on for discogenic pain. I believe she is still having the discogenic pain and may require an anterior discectomy with an interbody fusion. Her workup thus far has included blood work to rule out infection, as well as an MRI to rule out any further stenosis. Her MRI did show that she had a dessicated L5-S1 disc. The rest of her discs looked very, very good as I mentioned in my previous notes. I told Joan that further workup would require a discogram. However, I would not send her for a discogram unless we were considering further surgery. Further surgery would require an anterior discectomy with an interbody fusion with a possible posterior approach, as well as with a decompression and a check on the fusion mass and probable removal of her instrumentation. I hope this information has been useful. If you desire any further information or explanation, please feel free to contact me.

Sincerely yours,

  
Steven B. Wolf, M.D.

SBW/hmr  
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December 21, 1994

Richard D. Hasz, M.D.  
1201 W. Governor Road  
Hershey, PA 17033

Dear Dr. Hasz:

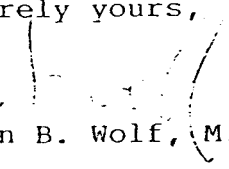
*Tesche*

I had the pleasure of seeing Joan ~~Teshe~~ again in the office on December 15, 1994. As you know, I have been seeing her for her spinal problems. I recently gave her a Prednisone dose pack and she had a very good response taking that. She has far less back pain and far less radicular pain. Her exam today shows that she has no sciatic nerve tension signs at all and her gait is normal.

I think it is great that she is doing better after the Prednisone, and I told her we could always try an epidural steroid injection or perhaps repeat the Prednisone dose pack should she have repeat symptoms prior to proceeding with more aggressive workup such as discograms. Surgery is definitely a last resort in Joan and we re-emphasized that today.

I'll be seeing Joan back on a prn basis, and I will keep you informed of her progress.

Sincerely yours,

  
Steven B. Wolf, M.D.

SBW/hmr  
Dictated but not read

TESCHE, Joan  
7737 Fishing Creek Valley Road  
Harrisburg, Pa.  
#104304

JUNE 21, 1995 POPLAR CHURCH

Joan has gradually been getting worse, especially with left lower extremity radicular pain and weakness. She feels an increased burning pain in her back that she has all the time. She is really in alot of discomfort.

Her exam today shows she has a positive sciatic nerve tension sign on the left side and a slightly positive reverse tension sign. She has weakness in her left ankle dorsiflexor and extensor hallicus longus as well as slight weakness in her gastroc.

I think Joan may be suffering from discogenic pain at the level above as well as the level of her fusion. We will want to repeat these as well as repeat her MRI. We will get a new MRI from L2 to the sacrum and then get discograms with Dr. Kerry Thompson in Annapolis Maryland. I will see her back after all these. She is probably going to need surgery. I am going to put her on a Prednisone Dose Pack as well as some Ultram and I will give her a prescription for Darvocet N 100 as well.

SBW/ms

cc: Richard D. Hasz, M.D.

Orthopedic Institute of PA  
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 ROBERT H. HALL, M.D.  
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 WILLIAM W. HANCOCK, M.D., F.A.C.S.  
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ROBERT L. RABINOVICH, M.D.  
 JAMES A. SHER, M.D.  
 THOMAS J. STUBBS, M.D.  
 RICHARD J. TATE, M.D.  
 STEVEN B. WOLF, M.D.  
 GREGORY A. HANES, M.D.  
 ALEXANDER R. KATZ, M.D.

# ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

TELEPHONE: (717) 761-5530 • (800) 834-4020 • FAX: (717) 737-7197

June 23, 1995

Kerry Thompson, M.D.  
 Anne Arundel Medical Center  
 100 Cathedra Street, Suite 100  
 Annapolis, MD 21401

Dear Kerry:

This is in reference to Joan Tesche (chart #104304) of 7737 Fishing Creek Valley Road, Harrisburg, Pennsylvania, who is a patient of mine at the Orthopedic Institute of Pennsylvania. She had an instrumented posterior fusion by Dr. Todd Wetzel at L5-S1 for discogenic pain. She has increased symptoms that may be from the level above her fusion. I would appreciate you evaluating her with discograms at L3-4, L4-5, and L5-S1.

As always, thank you very much for your help in the care of this patient.

Sincerely yours,

Steven B. Wolf, M.D.

SBW/ms  
 cc: Richard D. Hasz, M.D.  
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July 28, 1995

Richard D. Hasz, M.D.  
1201 W. Governor Road  
Hershey, Pa. 17033

RE: Joan Tesche  
Chart #104304  
SS# 182-48-9637

Dear Doctor Hasz:

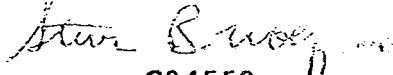
I had the pleasure of seeing Joan Tesche of 7737 Fishing Creek Valley Road, Harrisburg, Pennsylvania, in the office on July 19, 1995. She returned with her discograms which showed a markedly provocative response at L5-S1 and a normal response at L4-5. I think the internal disc disruption at L5-S1 is what is giving her all of her pain. I reviewed her MRI that showed a disc bulge at L5-S1 on the left side but otherwise it looks fairly good. There is no evidence of arachnoiditis. There is not an awful lot of scar tissue.

I talked at length with Joan about where to go from here. I told her that the surgical options would include either an anterior approach with a discectomy and interbody fusion with carbon fiber ramps and autogenous iliac crest bone graft or possibly we could do it all from the back with a posterior lumbar interbody fusion. I am more inclined to go anteriorly because I think her recovery will be quicker and we won't have to deal with the scar tissue. Depending on how she does after the anterior surgery we may still need to go posteriorly at a later date to remove her instrumentation after we get a solid interbody fusion. I told her the surgery would take three to four hours and I would have Dr. Greg Keagy do the approach. He is a cardiothoracic surgeon that I work with very often. I would appreciate you performing pre-operative medical clearance on Joan and if she needs any medical treatment post-operatively I will have one of the local internists see her at Holy Spirit Hospital.

TESCHE, Joan  
Chart #104304  
SS# 182-48-9637  
July 28, 1995  
PAGE TWO

I want to thank you in advance for your help in the care of this patient. I will also have Joan donate one unit of her own blood in preparation for surgery.

Sincerely yours,

  
C34552  
Steven B. Wolf, M.D.

SBW/ms  
Dictated but not read

CAPITAL AREA  
*Cardiovascular*  
Surgical Institute

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James C. Hart, M.D.  
Eduardo Jorge, M.D.  
John L. Pennock, M.D.  
Craig B. Wisman, M.D.  
John P. Judson, M.D.  
Gregory S. Keagy, D.O.

August 10, 1995

Steven Wolf, M.D.  
875 Poplar Church Road  
Camp Hill, PA 17011

RE: Joan D. Tesche

Dear Steve: *qoo*

I had the pleasure of seeing Mrs. Tesche. I have reviewed with her the incisional use for her L5-S1 exposure anteriorly. I have reviewed the risks such as infection, deep venous thrombosis, hernia formation, and other risks not listed above. She understands and desires to proceed with the surgery.

I appreciate the opportunity to see her.

Sincerely,

*g*  
Gregory S. Keagy, D.O.

GSK/gpw

cc: F. Samuel Faber, M.D.

DAVID M. JOYNER, M.D., F.A.C.S.  
 RICHARD J. BOAL, M.D.  
 WILLIAM W. DEMUTH, M.D., F.A.C.S.  
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# ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

TELEPHONE: (717) 761-5530 • (800) 834-4020 • FAX: (717) 737-7197

January 6, 1996

F. Samuel Faber, M.D.  
 2151 Linglestown Road  
 Harrisburg, PA 17110

RE: TESCHE, JOAN D.  
 7737 Fishing Creek Valley RD  
 Harrisburg, PA 17112  
 182 48 9637  
 104304

Dear Dr. Faber:

I had the pleasure of seeing JOAN D. TESCHE in the Poplar Church Road office on December 28, 1995.

Joan went for a myelogram with a follow-up CT scan of her lumbar spine to rule-out any stenosis. Her myelogram looked excellent. There was no stenosis at all and no herniated discs. Her CT scan also showed that. It showed the fusion to be in place in her interbody space between L5 and S1.

I talked to Joan again at length about the options at this point. I told her that she would probable benefit with removal of her instrumentation. I told her that this helps in about 50% of the cases. She is unable to sit for prolonged periods.

I went over the risks and possible complications of surgery including death, infection, bleeding, neurologic injury and pseudoarthrosis. I told her if the fusion is not solid I would have to enhance it with some bone graft substitute. We may need to keep her in a brace postoperatively. I feel that the interbody fusion is taking very well so that her spine is fairly stable. She understands the risks and possible complications of surgery and wishes to proceed. She did have some nausea from the anesthesia previously so we will need to keep this in mind. Also she is currently taking Prozac, 20mg daily so we will need to continue this during her hospital stay.

I answered all of Joan's questions the best I could and we will go ahead and proceed and schedule her surgery. I will keep you informed of her progress.

Sincerely,

*Steven B. Wolf*  
 Steven B. Wolf, M.D.

SBW/dmr

Dictated-not read

CCC000227

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HERSHEY OFFICE  
 600 W. 4TH STREET, 2ND FLOOR

CAMP HILL OFFICE  
 875 POPLAR CHURCH RD.

# FAMILY PRACTICE ASSOCIATES

A HealthAmerica Medical Office

☐ 2151 Linglestown Road ♦ Harrisburg, PA 17110 ♦ (717) 652-5380 PHONE/(717) 652-0832 FAX

☐ 5 Willow Mill Park Road ♦ Mechanicsburg, PA 17055 ♦ (717) 691-0202 PHONE/(717) 691-0946 FAX

E. SAMUEL FABER, M.D.  
MICHAEL P. HOWANITZ, M.D.  
MORTON J. RUBENSTEIN, M.D.  
BONNIE L. BURINQUIST, M.D.

VERNON W. GRILNER, D.O.  
JANE PETRIE, P.A.-C.

January 23, 1996

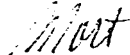
John Wallendjack, M.D.  
HealthAmerica of Central Pa.  
2601 Market Place  
Harrisburg, Pa. 17110

Dear Dr. Wallendjack:

Ms. Joan Tesche is a HealthAmerica insured with a long history of back pain and previous back surgeries. Because of persistent pain and disability, her local orthopedic surgeon recommended posterior spinal exploration with removal of the hardware (rods, etc.) currently in place. Ms. Tesche was uncertain about proceeding with additional surgery, since it was uncertain whether she would benefit. She is requesting a second orthopedic opinion from someone with extensive experience in treating spinal problems, and I agree with her. With your approval, I would like to arrange an appointment with Dr. Cameron Huckel, a member of the Orthopedic Surgery Department at Johns Hopkins Hospital who specializes in spinal surgery. For informational purposes, the telephone number of the orthopedics referral coordinator is 1-410-955-3870. Dr. Huckel's office number is 1-410-955-0981.

Thank you for your assistance with this matter.

Very truly yours,



Morton J. Rubenstein, M.D.

MJR:sc

HealthAmerica<sup>®</sup>

CCC000228

ORTHOPEDIC INSTITUTE OF PENNSYLVANIA

(717) 761-5530

Patient: Joan D. Tesche  
DOB: 02/01/55

Chart #: 104304  
Page # 1

3/07/1996 M.D., STEVEN WOLF  
LEVEL 3 OV  
Poplar Church Road

CHIEF COMPLAINT: Joan returned from her second opinion with Dr. Huckle at Johns Hopkins Hospital. Dr. Huckle also recommended removal of her posterior instrumentation and possible exploration of her nerve roots. He recommended repeat discograms at L4-5 and L3-4.

PHYSICAL EXAM: I examined Joan and felt that she is exquisitely tender over her sacroiliac joint on the left. She has a slightly positive Faber test on the left side and negative on the right. She also had a positive tension sign on the left side but not as severe as it once was.

DIAGNOSIS: Possible SI joint dysfunction

PLAN: I am going to recommend a sacroiliac joint injection under CT direction with an arthrogram and injection of Celestone. I am hopeful this will delineate the pain generator. I am hopeful also that the steroid will help alleviate some of her symptoms. She still may need the instrumentation removal. Her previous discograms showed a normal response at L4-5 and this was performed in July 1995.

We will go ahead and set her up for the injection at Holy Spirit with Dr. Jagannoth and I will see her back two weeks after that.

SBW/dmr  
cc: Dr. Faber



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JOAN D. TESCHE

Chart #: 104304

Page 1

CCC000229

PHYSICIAN REHABILITATION ASSOCIATES, P.C.

Polyclinic Medical Center

2601 N. 3rd Street

Harrisburg, PA 17110

(717) 782-2340

PROGRESS NOTE

RE: Joan Tesche

SS#: 182-48-9637

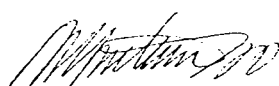
February 5, 1997

Ms. Tesche was seen for physiatric follow-up at our Polyclinic office on February 5, 1997. She was complaining of more fatigue and also pain in the low back, especially the sacroiliac region. She is getting some pain and tingling and numbness in the toes and fingers, usually in the morning. It is more in the index and middle fingers. She is using heat which helps somewhat. Her stomach is doing better and she takes the Prilosec as needed and she continues on her Thyroid medication.

Her physical examination shows a decrease in lumbosacral flexion with moderate restriction at the left sacroiliac region. She is very tender there. She is tender at most myofascial tender points. She had a negative Tinel's, Tether, and Phalen's sign at the wrist but had a decrease in sensation at the right index finger.

Ms. Tesche is suffering from a flare-up of her low back pain and left sacroiliac syndrome. She also has signs and symptoms compatible with a right carpal tunnel syndrome.

She was given a prescription for a right wrist brace and we are going to try a short course of therapy at Central Penn in Camp Hill for a sacroiliac program. I will see her for a follow-up in six weeks' time. Depending upon how she progresses we may order some lab studies next time. She tells me that her sister was recently diagnosed with lupus.

  
Stuart A. Hartman, D.O.

SAH:dcc

cc: Morton Rubenstein, M.D.  
2151 Linglestown Road  
Linglestown, PA 17112

Steven Wolf, M.D.

CCC000230



February 19, 1997  
Re: Joan Tesche  
Page 3

Thank you, once again, for the opportunity to participate in the care of your patient and your confidence in her referral. Please feel free to contact me with any further questions regarding her progress or physical therapy program.

Respectfully,

*M. Mikanowicz*

Michelle Mikanowicz, P.T., A.T.C.

MM/nef

cc: Steve Wolf, M.D.  
Family Practice Associates  
2151 Linglestown Road  
Harrisburg, PA 17109

February 19, 1997  
Re: John Tesche  
Page 2

PATIENT STATUS: The patient ambulates with a non-antalgic gait pattern. The right iliac crest is superior. Palpation reveals tenderness of the left anterior ASIS and the left PSIS. Standing lumbar active range of motion was as follows: flexion 75 percent, extension 50 percent, and right and left lateral flexion within normal limits. Extension produced central low back pain above the level of the patient's fusion. Right lateral flexion produced left buttock discomfort. The March test was positive on the left. The flare test was positive for external rotation on the left.

Light touch sensation was decreased for the left lateral calf, the left medial foot, and the left lateral foot. Manual muscle testing was within normal limits for bilateral lower extremity myotomes. Bilateral lower extremity reflexes were within normal limits. The slump test was negative bilaterally. The FABER test was positive on the left. The straight leg raise test was negative bilaterally.

Passive hip abduction was positive on the left. Single knee to chest was positive for groin pain on the left. Hip external rotation caused pain bilaterally. Hip internal rotation caused pain on the left. The patient presents with a possible left upslip with a left inflare and a possible left posterior innominate rotation of the sacroiliac joint.

DIAGNOSIS: Left sacroiliac syndrome and fibromyalgia.

TREATMENT OBJECTIVES:

1. To decrease pain, spasms, and inflammation.
2. To decrease radicular symptoms.
3. To increase range of motion and flexibility.
4. To increase strength.
5. To improve spine stabilization.
6. To restore sacroiliac joint symmetry.
7. Patient education.

REHABILITATION PROGRAM:

1. Ultrasound
2. Progressive resistance exercises
3. Spine stabilization
4. Sacroiliac joint correction
5. TENS
6. Cold packs
7. Home exercise program
8. Flexibility exercises
9. Patient education

This patient will be seen in physical therapy two times per week for four weeks.

JEFF SHIELDS, M. Ed., A.T.C.  
Executive Director

MICHELLE MIKANOWICZ, P.T./A.T.C.  
Clinical Coordinator

-MARTHA DeANGELIS, L.P.T.  
Physical Therapist

MIKE CHRISTIANA, P.T.A.  
Physical Therapist Assistant

Physical Therapy  Sports Medicine

875 Poplar Church Road, Suite 100, Camp Hill, PA 17011 • (717) 730-0437 • Fax: (717) 730-0450

February 19, 1997

Stuart A. Hartman, D.O.  
Penn Rehabilitation Associates  
Polyclinic Medical Center  
2601 North Third Street  
Harrisburg, PA 17110

Re: Joan Tesche

Dear Dr. Hartman:

Thank you for the kind referral of Joan Tesché for the evaluation and treatment of left sacroiliac syndrome and fibromyalgia.

HISTORY: This patient is a 42-year-old female who notes a history of low back pain beginning in 1983 when she fell off a horse. She did not seek medical treatment at that time, although she notes that she was paralyzed from the waist down for several minutes. Initially she experienced numbness in bilateral lower extremities for approximately two weeks. In 1990 she began to experience pain with sitting or with heavy activity. She received physical therapy at the Hershey Medical Center and at the Polyclinic Medical Center including the McKenzie treatment which helped to alleviate her symptoms temporarily. In March of 1992 she underwent a posterior lumbar fusion with instrumentation. This helped to increase her sitting tolerance and to improve her left foot symptoms, however, the low back pain remained. In 1995 she underwent an anterior fusion of the lumbar spine. In May of 1996 she underwent surgery to remove the hardware from the posterior fusion. At that time she experienced significant relief of low back pain.

Currently the patient continues to complain of left-sided low back pain in the sacroiliac joint area. The pain radiates down the left leg to the lateral foot. The pain increases with sitting, standing, walking, and lying. Numbness is noted in the left buttock and the left medial calf.

The past medical history includes the above lumbar surgeries, hyperthyroidism, a hysterectomy, and hypertension. Current medications include Synthroid, Triamteren, Prozac, Amitriptyline, Darvocet, and Lodine. Medication allergies include Codeine and Morphine. The patient reports that her restrictions include avoiding prolonged sitting and a ten-pound lifting restriction.



JEFF SHIELDS, M. Ed., A.T.C.  
Executive Director

MICHELLE MIKANOWICZ, P.T./A.T.C.  
Clinical Coordinator

MARTHA DeANGELIS, L.P.T.  
Physical Therapist

MIKE CHRISTIANA, P.T.A.  
Physical Therapist Assistant

**CENTRAL PENN**

Physical Therapy Sports Medicine

875 Poplar Church Road, Suite 100, Camp Hill, PA 17011 • (717) 730-0437 • Fax: (717) 730-0450

March 7, 1997

Stuart A. Hartman, D.O.  
Hartman/Cannon Rehabilitation Associates  
2645 North Third Street, Suite 340  
Harrisburg, PA 17110

Re: Joan Tesché

Dear Dr. Hartman:

Once again thank you for the kind referral of Joan Tesché for the evaluation and treatment of left SI joint syndrome and fibromyalgia. The patient was seen in physical therapy between the dates of February 19, 1997, and March 7, 1997, for a total of five out of five scheduled treatment sessions.

The patient presented with a left upslip and a left inflare of the sacroiliac joint. The patient's treatment program included sacroiliac joint correction techniques, ultrasound, cryotherapy, and self correction for a home exercise program.

On March 7, 1997, the patient reported that the treatment was not helping to alleviate her pain. She noted continued soreness following the treatment sessions. She felt that she had better results with the chiropractor in the past. The chiropractor performed manipulations as well as acupuncture. Since she has had good results with the chiropractor and since physical therapy has not helped to alleviate her pain, the patient has been discharged.

Once again thank you for the opportunity to participate in the care of your patient and your confidence in her referral. Please feel free to contact me with any further questions regarding her physical therapy program.

Respectfully,

*M. Mikanowicz*  
Michelle Mikanowicz, P.T., A.T.C.

MM/nef

cc: Steve Wolf, M.D.

cc: Family Practice Associates

Christopher S. Cannon, M.D.  
REHABILITATION ASSOCIATES

2645 North Third Street  
Harrisburg, PA 17110  
717-236-9294

PROGRESS NOTE

RE: Joan Tesche

SS#: 182-48-9637

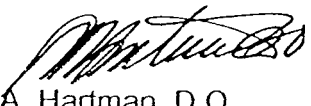
May 20, 1997

Ms. Tesche was seen for physiatric follow-up at our Harrisburg office on 5/20/97. Overall she is doing better since not working. She still has pain with sitting and is not sleeping well due to the pain mostly in the sacroiliac region. She is still tight in the upper back, neck and shoulders. She is using ice and heat and stretching and doing some walking which she feels helps. She has not had any physical therapy due to scheduling. She is scheduled to start the aquasizing at Country Meadows next week. Overall she feels better being off work. She does feel that the Lodine helps and she is taking it twice a day. Her Darvocet is down to 2 to 3 a day from 6 to 8 a day.

Her physical examination shows her to be quite tender, tight, and ropery at the cervicothoracic and lumbosacral paraspinal muscles. She still has some mild weakness of the left lower extremity. Straight leg raising is decreased on the left and mildly positive. She is very tender at the left sacroiliac region.

Ms. Tesche is doing better with her flare-up of low back pain with a left radiculopathy and left sacroiliac syndrome status post L5-S1 fusion.

Her MRI did not show a recurrent HNP. She will continue with her Lodine and she is to start the Rehab Options program. I will see her for follow-up in four to six weeks time and she will remain off work.

  
Stuart A. Hartman, D.O.  
Medical Director of Rehab Options

SAH/ssf

cc: Morton J. Rubenstein, M.D. ✓  
2151 Linglestown Rd.  
Harrisburg, PA 17112

Steven Wolf, M.D.  
875 Poplar Church Road  
Camp Hill, PA 17011

Sophie Selgrath, R.N., Rehab Options

## ELECTROMYOGRAM

Page 2

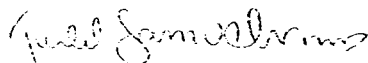
Name: TESCHE, JOANDate: 6/2/97Type of needle: MONOPOLARSPONTANEOUS ACTIVITYMUP's

	<u>Muscle</u>	<u>IA</u>	<u>fibs.</u>	<u>+sharp</u>	<u>fascics</u>	<u>other</u>	<u>dur</u>	<u>amplitude</u>	<u>form</u>	<u>recruit</u>
L	MG	N	-	-	-	-	N	N	N	FULL
	SEM. MEMB	N	-	-	-	-	N	N	N	FULL
	TA	N	-	-	-	-	N	N	N	FULL
	VM	N	-	-	-	-	N	N	N	FULL
	EHL	N	-	-	-	-	N	N	N	FULL
R	TA	N	-	-	-	-	N	N	N	FULL
	VM	N	-	-	-	-	N	N	N	FULL
	MG	N	-	-	-	-	N	N	N	FULL

IMPRESSION: Nerve conduction studies of both lower extremities are normal. H-reflexes are normal bilaterally. EMG examination of both lower extremities is normal.

This is a normal EMG and nerve conduction study.

Thank you very much for referring this patient.



Todd L. Samuels, M.D.

TLS/gp

cc: Morton Rubenstein, M.D.

## ELECTROMYOGRAM

Page 2

Name: TESCHE, JOANDate: 6/2/97Type of needle: MONOPOLARSPONTANEOUS ACTIVITYMUP's

	<u>Muscle</u>	<u>IA</u>	<u>fibs.</u>	<u>+sharp</u>	<u>fascics</u>	<u>other</u>	<u>dur</u>	<u>amplitude</u>	<u>form</u>	<u>recruit</u>
L	MG	N	-	-	-	-	N	N	N	FULL
	SEM. MEMB	N	-	-	-	-	N	N	N	FULL
	TA	N	-	-	-	-	N	N	N	FULL
	VM	N	-	-	-	-	N	N	N	FULL
	EHL	N	-	-	-	-	N	N	N	FULL
R	TA	N	-	-	-	-	N	N	N	FULL
	VM	N	-	-	-	-	N	N	N	FULL
	MG	N	-	-	-	-	N	N	N	FULL

IMPRESSION: Nerve conduction studies of both lower extremities are normal. H-reflexes are normal bilaterally. EMG examination of both lower extremities is normal.

This is a normal EMG and nerve conduction study.

Thank you very much for referring this patient.



Todd L. Samuels, M.D.

TLS/gp

cc: Morton Rubenstein, M.D.

# NEUROLOGY CENTER, P. C.

## ELECTRONEUROMYOGRAPH

Name: TESCHE, JOAN Age: 42 Ref. Phys: STEVEN WOLF, M.D.Date: 6/2/97 Problem: LEFT LEG PAIN

## NERVE CONDUCTION STUDIES

NERVE SEGMENT	LATENCY (MSEC)			AMPLITUDE (MV/UV)			DURATION (MSEC)		CONDUCTION VELOCITY		
	motor latency to onset			baseline to peak			duration (return to baseline)		MPS $\pm$ 2SD		
	R	L	nm1	R	L	nm1	R	L	R	L	nm1
<u>MEDIAN</u>											
<i>Motor</i>											
wrist-APB			3.1-4.3			3-13					
elb-wrist											47-65
<i>Sensory</i>											
wrist-II			2.8-3.6			10-70					49-65
palm-II			<1.8			10-70					
transcarp			<2.2			10-70					
<u>ULNAR</u>											
<i>Motor</i>											
wrist-ADM			2.2-4.2			6-16					
bel el-wr											49-76
ab-bel el											52-76
Erb-ab el											52-76
<i>Sensory</i>											
wrist-V			2.6-3.8			10-60					47-68
<u>RADIAL</u>											
<i>Motor</i>											
dist for-FIP			1.4-3.4			2-12					
sp gr											50-76
axilla											>68
<i>Sensory</i>											
dist for-I			<2.8			>20					42-68
<u>PERONEAL</u>											
<i>Motor</i>											
ankle-EDB	3.4	3.1	3.1-5.5	6	6	2-12	N	N			
27 fib-ankle	9.0	9.2		6	6		N	N	48	44	40-57
11 acr.head	10.6	10.8		6	6		N	N	69	69	40-67
<u>POST TIBIAL</u>											
<i>Motor</i>											
mm-ABH	4.0	3.8	<6.0	6	6	3-26	N	N			
mm-ADQP			<7.4			3-26					
34 pop-mm	10.4	10.6		6	6		N	N	61	50	39-58
<u>SURAL</u>	4.1	4.1	<4.3	10	10	>5	N	N			
<i>Other</i>											
H-reflex	29.0	29.5									



Christopher S. Cannon, M.D.

REHABILITATION ASSOCIATES

2645 N. 3rd Street, Suite 340  
Harrisburg, PA 17110  
717-236-9294

## PROGRESS NOTE

RE: Joan Tesche

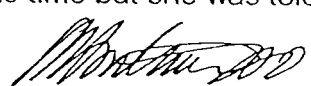
SS#: 182-48-9637

April 8, 1997

Ms. Tesche was seen for physiatric follow-up on 4/8/97 at our Harrisburg office. Overall she is doing about the same but had had a lot of pain in the neck and back with driving. She was on vacation and had gone to South Carolina. She did take the Norflex and her neck does feel a little looser. She still gets the low back pain occasionally on the right but mostly on the left and down the left leg. I reviewed her x-ray and bone scan reports which were essentially unremarkable. She does walk and move and feels this helps overall. Physical therapy did not help. She uses ice and heat as needed and these help. She continues working.

Her physical examination shows her cervical spine range of motion to be functional. Lumbosacral flexion is decreased with restriction at the left sacroiliac region. She is tender at the left greater than the right sacroiliac region and tender to cervicothoracic paraspinal muscles. She is tender at all myofascial tender points.

Ms. Tesche is doing fairly well with her fibromyalgia syndrome and left greater than right sacroiliac syndrome. She will try some samples of Daypro 1/2 of a tablet daily in the morning to see how her stomach does and if this is beneficial, increase as tolerated. I also discussed possibly trying her on Neurontin or Mexiletine. She will continue with her present program. I will see her for follow-up in 2 months time but she was told to call with any problems.

  
Stuart A. Hartman, D.O.

SAH/ssf

cc: Morton J. Rubenstein, M.D.  
2151 Linglestown Road  
Harrisburg, PA 17112

Steven Wolf, M.D.

Christopher S. Cannon, M.D.  
REHABILITATION ASSOCIATES

2645 N. 3rd Street, Suite 340  
Harrisburg, PA 17110  
717-236-9294

PROGRESS NOTE

RE: Joan Tesche

SS#: 182-48-9637

April 22, 1997

Ms. Tesche was seen for physiatric follow-up on 4/22/97, at our Harrisburg office. Overall she is doing worse with more pain in the neck and shoulders and down the left arm and pain in the low back down the legs. She is feeling very much under the weather due to pain and has been missing work due to the pain. She is using ice and heat. She has to do a lot of sitting at work, 9 to 10 hours at a computer. She is not sleeping very well. She did have a bone scan which was normal and x-rays of the sacroiliac joints and cervical spine which were all unremarkable. Her pain does radiate to the toes more so on the left and down the left arm. The Daypro does not seem to help as much as the Lodine but Darvocet N 100 4 to 5 a day helps take the edge off of the pain.

Her physical examination shows weakness of the left dorsiflexors with the strength being good. Otherwise her strength is normal. The lumbosacral flexion is decreased with restriction at the left sacroiliac region. She is still tender. Straight leg raising on the right was 65 degrees, the left was positive at 45 degrees on the left. Her reflexes are plus I-II/IV at the knees and ankles.

Ms. Tesche is suffering from a flare-up of low back pain with a left L4-5 radiculopathy and a left sacroiliac syndrome, status post left L5-S1 fusion.

I am going to order an MRI of the lumbosacral spine to rule out a recurrent HNP. I will take her off work as of 5/2/97, until she is seen for follow-up. She was given samples of Lodine since Health America will not approve the Lodine in its formulary but it helps her more than the Daypro. I will see her for follow-up in three weeks time and she is being referred to the Rehab Options program at Pinnacle Health Systems for pain management and to improve her conditioning, etc.



Stuart A. Hartman, D.O.  
Medical Director of Rehab Options

SAH/ssf

cc: Morton J. Rubenstein, M.D. ✓  
2151 Linglestown Road  
Harrisburg, PA 17112

Steven Wolf, M.D.

Sophie Selgrath, R.N., Rehab Options

*Please file  
MJP*

Stuart A. Hartman, D.O.  
Christopher S. Cannon, M.D.  
REHABILITATION ASSOCIATES

2645 North Third Street  
Harrisburg, PA 17110  
717-236-9294

**PROGRESS NOTE**


RE: Joan Tesche  
SS#: 182-48-9637  
July 8, 1997

Ms. Tesche was seen for physiatric follow-up at our Harrisburg office on 7/8/97, during her Rehab Options program. She is doing pretty good and is in her second week. She is doing her stretches regularly and using ice and heat. She feels the pool therapy is helping a lot and she also goes to Country Meadows where she is doing water aerobics two times a week with the aquasizing. She is off of work. She is taking Darvocet 3 to 4 a day and Lodine once a day.

Her physical examination shows her lumbosacral flexion to be to 80 degrees with some mild restriction at the left sacroiliac region. Her sitting root test was negative and straight leg raising is 65 to 70 degrees bilaterally and was negative. She is much less tender at the left sacroiliac region.

Ms. Tesche is doing very well with her flare-up of low back pain with a radiculopathy and sacroiliac syndrome and status post L5-S1 fusion.

She will continue to progress in the Rehab Options program and I will see her for follow-up in three weeks time as she nears the end of the program. She will continue with the Darvocet and decrease as tolerated and the Lodine 1 or 2 times a day. She will remain off work until she is seen for follow-up and she should be ready to return to work shortly after her next visit as she progresses in the Rehab Options program.

  
Stuart A. Hartman, D.O.  
Medical Director of Rehab Options

SAH/ssf

cc: Morton J. Rubenstein, M.D.  
2151 Linglestown Road  
Harrisburg, PA 17112

Steven Wolf, M.D.  
875 Poplar Church Road  
Camp Hill, PA 17011

Sophie Selgrath, R.N., Rehab Options

MORTON J. RUBENSTEIN, M.D.

INTERNAL MEDICINE/PULMONARY DISEASE

August 27, 1997

Cameron B. Huckell, M.D.  
Department of Orthopedic Surgery  
Johns Hopkins Hospital  
600 North Wolfe Street  
Baltimore, Maryland 21287

Re: Joan D. Tesche

Dear Dr. Huckell:

I am writing in reference to Joan Tesche, a patient you evaluated several years previously. I have excerpted portions of her medical records for your review. To summarize briefly, she has undergone back surgery in the Harrisburg area on several occasions, most recently to remove hardware from her lumbosacral spine. Because of persistent pain, she was referred for pain management and for rehabilitation measures, all of which have failed to help her refractory pain syndrome. She feels that her pain is so severe and so persistent that she cannot return to her previous job, which required prolonged sitting to perform typing and other clerical duties. She is reluctant to undergo additional surgery proposed by her orthopedic surgeon, Dr. Steven Wolf, in an effort to provide her with some additional pain relief. I suggested to her that she obtain a second orthopedic opinion because of her ongoing pain syndrome and her ambivalence about further surgery.

I do appreciate your seeing this woman and your efforts to deal with this difficult problem.

Very truly yours,

Morton J. Rubenstein, M.D.

MJR:sc

Enclosures

cc: Steven Wolf, M.D.

2151 LINGLESTOWN ROAD • HARRISBURG, PENNSYLVANIA 17110

TEL: (717) 652-3740 • FAX: (717) 652-0832

CCC000242

MORTON J. RUBENSTEIN, M.D.

INTERNAL MEDICINE/PULMONARY DISEASE

August 27, 1997

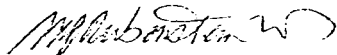
Margaret Dengler, R.N. (04-10)  
AMP Incorporated  
P. O. Box 3608  
Harrisburg, Pennsylvania 17105

Dear Ms. Dengler:

Joan Tesche is a patient currently under my care for a chronic back problem. She has undergone extensive orthopedic evaluation and a prolonged rehabilitation effort. She faces further evaluation and treatment in the future. She and her husband inform me that she is unable to perform her current job duties because of severe and unremitting pain. I have suggested to her that she not return to work until she has further evaluation, and I suspect that this process will take most of the month of September before a decision can be reached regarding the need for further therapy and regarding her future employability.

Thank you for your attention to this matter.

Very truly yours,



Morton J. Rubenstein, M.D.

MJR:sc

CC: Steven Wolf, M.D.  
875 Poplar Church Road, Camp Hill, Pa. 17011

Stuart A. Hartman, D.O.  
Rehab. Associates, 2645 North Third Street, Harrisburg, Pa.  
17110

Mrs. Joan Tesche  
7737 Fishing Creek Valley Road, Harrisburg, Pa. 17112

2151 LINGLESTOWN ROAD • HARRISBURG, PENNSYLVANIA 17110

TEL: (717) 652-3740 • FAX: (717) 652-0832

CCC000243

Stuart A. Hartman, D.O.

Christopher S. Cannon, M.D.

REHABILITATION ASSOCIATES

2645 North Third Street  
Harrisburg, PA 17110  
717-236-9294

## PROGRESS NOTE

RE: Joan Tesche

SS#: 182-48-9637

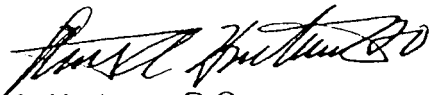
August 14, 1997

Ms. Tesche was seen for physiatric follow-up on 8/14/97 at our Harrisburg office. She is still having pain in the buttocks with sitting but overall is feeling much better. She is feeling stronger and her endurance is better. After she sits from anywhere from 10 to 30 minutes she starts to get pain in the buttocks and down the left leg to the heel. She is on an active home program with her exercises, ice, and heat and is progressing in the Rehab Options program. She feels that she has definitely benefited from the Rehab Options program and is scheduled to finish next week. Her family doctor placed her on Ultram for pain since she was not sleeping and she continues on Lodine, Darvocet prn, Elavil at bedtime 50mg, and Prozac.

Her physical examination today shows her mobility and endurance to be improved. She has an improved lumbosacral flexion to 85 degrees with less restriction at the left sacroiliac region. Sitting root test is negative. Straight leg raising is improved to 85 degrees on the right and 70 to 75 degrees on the left and was negative. She is much less tender. Her posture and mobility are much improved.

Ms. Tesche is doing quite well with her chronic low back pain, radiculopathy and sacroiliac syndrome status post L5-S1 fusion.

She will finish up with the Rehab Options program next week and I would anticipate having her return to work but she will need a special chair and adjustable desk. I would initially recommend she return to work 4 hours and will progress her an hour a week. I will be seeing her for follow-up in one months time.



Stuart A. Hartman, D.O.

Medical Director of Rehab Options

SAH/ssf

cc: Morton J. Rubenstein, M.D., 2151 Linglestown Rd., Hbg., PA 17112

S. Wolf, M.D., 875 Poplar Church Road, Camp Hill, PA 17011

Sophie Selgrath, R.N., Rehab Options

Christopher S. Cannon, M.D.  
REHABILITATION ASSOCIATES

2645 North Third Street  
Harrisburg, PA 17110  
717-236-9294

PROGRESS NOTE


RE: Joan D. Tesche  
SS#: 182-48-9637

September 11, 1997

Ms. Tesche was seen for physiatric follow-up at our Harrisburg office on 9/11/97. Overall she is doing about the same or a little bit worse due to having pain down the right leg. She is also still getting the pain down the left leg and she still has difficulty sitting. She is scheduled to see Dr. Huckell at Johns Hopkin's next week. She continues to follow with Dr. Rubenstein and Dr. Wolf as needed. Overall she feels that since the Rehab Options program she is doing better and feels stronger and can walk further and lift properly and has improved pain management skills. She continues using the TENS unit which does help her. She uses ice and heat as needed. She has difficulty laying down and gets pain in the left sacroiliac region. She is not working due to her inability to sit. She continues on Elavil 50mg at bedtime and since taking this she denies having her migraine headaches. She also is taking Synthroid, Triamterene, Prozac 40mg a day, Darvocet 2 to 4 a day, and Ibuprofen 600mg three times a day.

Her physical examination today is essentially unchanged.

We had a long discussion about her medications and her evaluation at Johns Hopkin's and future treatment. I will be seeing her for follow-up in approximately 4 weeks when she has had her evaluation at John's Hopkins. She will continue with her present aquatics and home exercise program. I will see her for follow-up as noted above.

  
Stuart A. Hartman, D.O.  
Medical Director of Rehab Options

SAH/ssf

cc: Morton J. Rubenstein, M.D., 2151 Linglestown Rd., Harrisburg, PA 17112  
S. Wolf, M.D., 875 Poplar Church Road, Camp Hill, PA 17011





CONSUMERS LIFE INSURANCE COMPANY  
 CONSUMERS LIFE INSURANCE COMPANY OF NORTH CAROLINA  
 P.O. BOX 26/CAMP HILL, PENNSYLVANIA 17001-0026  
 (717) 761-4230 1-800-933-3018

# PHYSICAL CAPABILITIES EVALUATION

THE INSURED CUSTOMER IS RESPONSIBLE FOR ANY CHARGE MADE FOR THE COMPLETION OF THIS FORM

Patient's Name: Joan D. Tesché Date: \_\_\_\_\_  
 Date of Disability: \_\_\_\_\_  
 Occupation: Systems Analyst

Doctor: Please complete the following items based on your clinical evaluation, other testing results, patient discussions, and/or The Job Description. Any item that you do not believe you can answer, should be marked N/A (Not Available).

## I. In an 8-hour workday, patient can (circle full capacity for each activity)

A. Sit (number of hours)	1	2	3	4	5	6	7	8
B. Stand (number of hours)	1	2	3	4	5	6	7	8
C. Walk (number of hours)	1	2	3	4	5	6	7	8
D. Drive (number of hours)	1	2	3	4	5	6	7	8

If items A, B, C, and/or D, require alternating positions, please indicate frequency

Frequent position changes (hourly frequency is indeterminate)

## IN TERMS OF AN 8-HOUR WORKDAY

II. Patient can:	Not at all	Occasionally (1/4-2 1/2 hrs.)	Frequently (2 1/2-5 1/2 hrs.)	Continuously (5 1/2-8 hrs.)
A. Bend/Stoop	<input checked="" type="checkbox"/>	( )	( )	( )
B. Climb	<input checked="" type="checkbox"/>	( )	( )	( )
C. Reach above shoulder level	( )	<input checked="" type="checkbox"/>	( )	( )
D. Kneel	<input checked="" type="checkbox"/>	( )	( )	( )
E. Balance	( )	<input checked="" type="checkbox"/>	( )	( )
F. Push/Pull	<input checked="" type="checkbox"/>	( )	( )	( )
G. Squat	<input checked="" type="checkbox"/>	( )	( )	( )
H. Crawl	<input checked="" type="checkbox"/>	( )	( )	( )
I. Crouch	<input checked="" type="checkbox"/>	( )	( )	( )

III. Patient can lift:	Not at all	Occasionally (1/4-2 1/2 hrs.)	Frequently (2 1/2-5 1/2 hrs.)	Continuously (5 1/2-8 hrs.)
A. Up to 10 lbs.	( )	<input checked="" type="checkbox"/>	( )	( )
B. 11-20 lbs.	<input checked="" type="checkbox"/>	( )	( )	( )
C. 21-50 lbs.	<input checked="" type="checkbox"/>	( )	( )	( )
D. 51-100 lbs.	<input checked="" type="checkbox"/>	( )	( )	( )

IV. Patient can carry:	Not at all	Occasionally (1/4-2 1/2 hrs.)	Frequently (2 1/2-5 1/2 hrs.)	Continuously (5 1/2-8 hrs.)
A. Up to 10 lbs.	( )	<input checked="" type="checkbox"/>	( )	( )
B. 11-20 lbs.	<input checked="" type="checkbox"/>	( )	( )	( )
C. 21-50 lbs.	<input checked="" type="checkbox"/>	( )	( )	( )
D. 51-100 lbs.	<input checked="" type="checkbox"/>	( )	( )	( )

V. Patient can use feet for repetitive movements as in operating foot controls

Right \_\_\_\_\_ YES \_\_\_\_\_ NO Left \_\_\_\_\_ YES \_\_\_\_\_ NO Both ☒ YES \_\_\_\_\_ NO

VI. Patient can use hands for repetitive action such as:

	Simple Grasping	Firm Grasping	Fine Manipulation
A. Right	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B. Left:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

CLC2C

CCC000246



## VII. Is the patient restricted from

A. Working at heights

☒ YES☐ NO

B. Operating heavy machinery

☒ YES☐ NO

C. Exposure to marked changes in temperature and humidity or extremes thereof

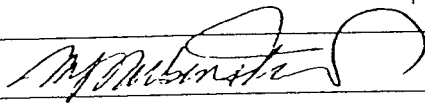
☐ YES☒ NO

D. Exposure to dust, fumes, gases, chemicals

☐ YES☒ NO

Remarks on above, or other functional limitations

Chronic low back pain precluding prolonged  
sitting and anything more than minimal  
(less than 10 lbs) lifting/carrying.



9/19/97

(Signature of Physician)

(Date)

2151 LINGLESTOWN RD — #300

(Street Address)

HARRISBURG

PA

17110

(City)

(State)

(Zip Code)

(717) 652-5380

(Telephone Number)

- 3740

001-09-1997 13:46

JHU ORTHOPAEDIC SURGERY

F.01/02



THE JOHNS HOPKINS HOSPITAL

CLINIC NOTE

Name:	Tesche, Joan	History:	2-288-17-84
Address:	7737 Fishing Creek Valley Road	Visit Date:	09/19/1997
:	Harrisburg PA 17112		
:			
Phone:	(717)469-1151		
Dob:	02/01/1955	Location:	242-ORTHO
Race:	White	Document No:	86181130
Sex:	Female		
Attending:	Huckell, Cameron Bruce		
Resident:			

Reason for Visit:

## History of Present Illness

Ms. Tesh comes in today stating that she had an anterior interbody fusion using carbon fiber cages. She has not had any significant relief of her back pain since that anterior procedure. She comes back today for continuing back and leg pain.

Medications:

Allergies:

## Major Findings:

Physical examination is within normal limits. Her neurological examination is normal.

Plain x-rays show no definite bony union between L5 and S1.

Assessments:

Possible pseudarthrosis L5-S1. Differential diagnosis, I think this woman's pain is either coming from the lumbar pseudoarthrosis at L5-S1 or possibly she is having pain from L4-5.

October 9, 1997

FINAL DOCUMENT

CCC000248

Patient: Tesche, Joan

2

History # 2-288-17-84

**Problems/Diagnosis:**

**Procedures and Immunizations:**

**Plans:**

My plan of action would be to investigate it with a discogram at L4-5 to see if that is the discogenic source of pain. However, my overall opinion is that her symptoms are not severe enough to warrant further intervention. I do not recommend an SI joint fusion since I think the likelihood of that succeeding is very low. I have encouraged her to continue to seek conservative care including exercises and perhaps intermittent lumbar corset wear.

**Medication Changes:**

**CC List:**

Dictated by: HUCKELL, CAMERON BRUCE, M.D./633 D: 09/22/97 T: 09/22/97

Attending M.D. HUCKELL, CAMERON

09/23/1997

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED

Note: This clinic note provides information pertaining only to the patient's most recent visit. A more detailed medical history is available in the medical record.

October 9, 1997

FINAL DOCUMENT  
TOTAL P.02

CCC000249

# CAPMC *Capital Area Pain Management Consultants*

2417 N. Third Street, Harrisburg, Pennsylvania 17110 • Telephone (717) 236-3361 • Fax (717) 238-3171  
32 Northeast Drive, Suite 101, Hummel, Pennsylvania 17033 • Telephone (717) 533-1141 • Fax (717) 533-1930

Morton I. Wetzels, M.D.  
Morton I. Santo, M.D.

January 20, 1998

Morton Rubenstein, M.D.  
2151 Linglestown Rd.  
Harrisburg, PA 17110

RE: Joan Tesche

Dear Dr. Rubenstein:

I initially had the pleasure of meeting your patient, Joan Tesche, on October 14, 1997.

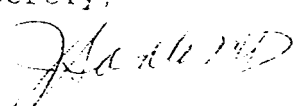
She reports a back injury in 1984 from falling off a horse. She didn't seek treatment, however, until 1989 when she stepped into a groundhog hole and then experienced an exacerbation of her pain. Since that time she has undergone a laminectomy with fusion and hardware placement at L5-S1 by Dr. Wetzels. This did not help her symptoms. In 1995 her pain became very severe, and Dr. Wolf did an anterior fusion at the same level which did not help her symptoms. In 1996 she had her posterior hardware removed by Dr. Wolf, and this did seem to relieve part of her symptomatology. She has recently had another evaluation at Johns Hopkins where she was recommended against having additional surgery.

She complains of left leg pain which radiates up the spine. She has gone through several pain management programs, including Rehab Options. She has been referred to me for sacroiliac injections.

Since her initial evaluation, she has undergone two SI injections and seems to do very well for 2 weeks following each injection. I'd like to have the injections work for longer, so I continue to do them in hopes that she'll get some long-term pain relief. I've also recommended that she look into a strap to use across her sacroiliac joints to stabilize the area. I've recommended she increase her Motrin use to 600mg twice daily and told her she should continue her other medications which include Oxycontin 10mg bid, Prozac, Elavil, and Synthroid.

I'll be seeing her soon for another sacroiliac joint injection and will keep you abreast of her status as care at CAPMC continues.

Sincerely,

  
Jean L. Santo, M.D./jas

RECEIVED JAN 22 1998

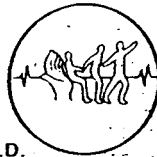
CCC000250

## PENN REHABILITATION ASSOCIATES, P.C.

### EAST SHORE

POLYCLINIC MEDICAL CENTER  
MEMORIAL BUILDING  
2601 N. 3RD STREET  
HARRISBURG, PA 17110

ED S. VIOLAGO, M.D.  
STUART A. HARTMAN, D.O.  
CHRISTOPHER S. CANNON, M.D.



PH. 717/232-1948  
FAX 717/782-4228

### WEST SHORE

RT. 114 & CARLISLE PIKE  
MECHANICSBURG, PA 17055  
(NEXT TO GIANTS)

October 11, 1996

Morton Rubenstein, M.D.  
2151 Linglestown Road  
Linglestown, PA 17112

RE: Joan Tesche  
SS#: 182-48-9637

Dear Dr. Rubenstein:

Ms. Tesche was seen for physiatric evaluation and consultation at your request on October 11, 1996. She is complaining of low back pain radiating down the left leg to the foot. She has a history of fibromyalgia, being diagnosed approximately six years ago or so, and has had lumbar radiculopathy with a subsequent spinal fusion (posterior fusion) in 1992 by Dr. Wetzel, and an anterior fusion by Dr. Wolfe in 1995 at L5-S1. In May of 1996 she had the rods removed. However, she has still had persistent left sciatic pain.

She describes the pain as dull and achy but it is occasionally sharp. She has been using heat at home which helps. She has been doing some stretches and some McKenzie exercises. She does get sharp pain with transfers, such as in and out of bed, or in and out of the car. She occasionally gets some radiation to the left groin. In the past, she has had aquatics therapy. She does have a TENS unit which helps. She also had sacroiliac injections by Dr. Wolfe which have helped somewhat. She denies any numbness or pins and needles or tingling, except for the left buttock and foot which she has had before the surgeries.

She does not smoke or drink and drinks about two cups of coffee a day.

She has returned to work, working full time, about two months ago as a systems analyst for AMP. She has good chair support and sits about 90% of the day.

She has been on Naprosyn and Dolobid in the past. She is presently taking Synthroid, 0.025 mg. p.o. daily, Feldene, 20 mg., p.c. daily (she does not feel this is helping), Triamterene, Prozac, 200 mg., daily, Elavil, 25 mg., p.o. q. h.s., and Darvocet, two tablets a day. She is allergic to Morphine and Codeine.

Physical Medicine • Rehabilitation • Industrial Medicine  
Electrodiagnosis • Pain Management • IME

Offices at: Hershey • Lebanon • Halifax

CCC000251

Page II  
RE: Joan Tesche  
October 11, 1996

Physical examination reveals a pleasant, cooperative, alert, and oriented 41-year-old female. Her muscle tone is normal. She is slightly overweight. Her lumbosacral flexion is restricted at the left sacroiliac region and she has flattening of the lumbar lordosis. Her lower extremity range of motion was functional but mildly decreased at the hips.

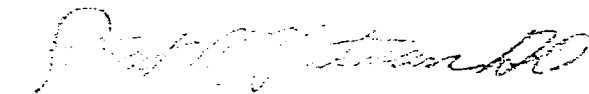
Her strength in the right lower extremity was normal. The left was essentially normal, except for the left foot dorsiflexors and EHL which were fair. Her tibialis posterior was good. Reflexes were +2/4 in the lower extremities. Sensation was decreased in the left medial foot and calf. Straight leg raising on the right was 70 degrees and the left was 55 degrees. Sitting root test was negative. She had a fair amount of tightness around the left hip girdle. She was tender at the left sacroiliac region and left greater trochanter. Her gait was functional.

Ms. Tesche is suffering from primarily from a left sacroiliac syndrome and she has a history of a fibromyalgia syndrome.

I instructed her in some stretching exercises and gave her a chart. I instructed her to use ice but she can still use heat. She was given a prescription and samples of Lodine to try instead of the Feldene. I also suggested she try Dolorac. She was given a prescription for a new TENS unit. We are also considering an aquatics program and a possible re-injection in the trigger point at the left sacroiliac region. I will see her for follow-up in four-six weeks' time and we will keep you informed of her progress.

Thank you for asking me to see and evaluate and participate in the care of this most interesting and challenging patient.

Very truly yours,



Stuart A. Hartman, D.O.

SAH:dcc

cc: Steven Wolfe, M.D.

ALLEN REHABILITATION ASSOCIATES, P.C.

## Polyclinic Medical Center

2601 N. 3rd Street

Harrisburg, PA 17110

(717) 782-2340

## PROGRESS NOTE

RE: Joan Tesche

SS#: 182-48-9637

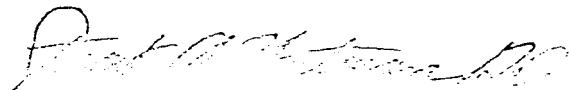
November 8, 1996

Ms. Tesche was seen for physiatric follow-up at our Polyclinic office on November 8, 1996. Overall, she is doing at least 20% better and is less achy. She is sitting better also. She feels she has less pain in the back and down the legs but feels a little bit more numbness in both feet from the knees down. She still occasionally uses her TENS and sometimes heat and ice. She continues working. She is taking the Lodine two times a day with food and it helps much more than the Feldene but she gets some GI irritation, which is very mild, if she does not take it with food.

Her physical examination today shows her mobility and flexibility to be improved. She is non-tender at the right low back and sacroiliac region and minimally tender on the left and at the left buttock. Her straight leg raising is improved on the right to 75 degrees and the left was 60 degrees. Sitting root test was negative. She is still tender, but less tender overall.

Ms. Tesche is doing quite well with her chronic low back pain/left sacroiliac syndrome and fibromyalgia and history of spinal fusion.

She will continue with her present program but I told her that she could take three Lodine a day. She is being referred for an aquatics program at Health South on Union Deposit. I will see her for a follow-up in six weeks' time and we will hold off any injections at the present time.



Stuart A. Hartman, D.O.

SAH:dcc

cc: Morton Rubenstein, M.D.  
2151 Linglestown Road  
Linglestown, PA 17112

Steven Wolfe, M.D.

*Joan Tesche*

DATE 8-12-97	WT 199#	HT	P 18	R	BP 110/60	TEMP
PROBLEM(S) BACK PAIN						

08/12/97

TESCHE, JOAN

CC: Back pain.

S: Patient returns today in tears, complaining of intolerable back pain and wanting to know if there is any other treatment option. She says that she went for jury duty last week and that this prolonged sitting produced worsening of her back pain. She has a rather sedentary job at AMP, and she says that she realizes that she may not be able to continue in this job and has consulted the Bureau of Vocational Rehabilitation to investigate alternative employment. According to information from the patient and according to my records, her dose of Prozac has been increased to 40 mg daily and her dose of Amitriptyline has been increased to 50 mg daily. Despite the known interactions between these drugs, she has had no toxicity symptoms, but not much symptomatic improvement either. She says that Dr. Wolf proposed SI joint fusion, but she is uncertain whether she wants to undergo additional surgery. However, she says that injections and physical therapy measures have not helped either.

O: No additional examination was performed today.

A: Chronic back pain with problems as outlined in chart.

TESCHE, JOAN (CONTINUED):

- P: 1. Long discussion today and she decided that she would like to re-consult the Orthopedic surgeon that she saw several years ago at Johns Hopkins Hospital for a second opinion as to whether she would benefit from additional surgery. I have no objection to this approach, and it might be useful in the sense that it might help her make up her mind as to what she wants to do. Her back pain has been severe, chronic, and refractory to a variety of measures (several surgeries, pain medications and antidepressants, physical therapy measures and injections).
2. Prognosis for future function and future employment seem guarded.
3. She will make a return appointment here in about two months, after she has a chance to visit Dr. Huckle at Johns Hopkins.
4. She will also follow-up with Dr. Wolf and Dr. Hartman.

Morton J. Rubenstein, M.D./wap

DD: 08/12/97

DT: 08/15/97



9-24-97

W/ 198#

SP

110/80

P

T

CC

PM

9/24/97

TESCHE, JOAN

Patient was evaluated at Johns Hopkins Hospital by Dr. Huckel, who advised against SI joint surgery. He will send a note to Dr. Wolf. We discussed work situation, and patient is seeking new employment through the OVR.

Reviewed her medications. Aware of the interaction between Prozac and Amitriptyline, though patient feels that she has been helped by this medication and apparently has no toxicity. She will continue to use ibuprofen 600 mg t.i.d. for pain and, per Dr. Huckel's suggestion, I will refer her to a pain management clinic (Dr. Santo).

Patient informed me that Dr. Huckel's diagnosis was "failed back surgery syndrome" and he apparently advised no further back surgery be performed.

Morton J. Rubenstein, M.D./kaa

DD: 9/25/97

DT: 9/26/97

10/24/97 - Joan Tesche  
Telephone: She had the onset of a migraine headache while at HMC where her son had just died from injuries sustained in a car accident. I authorized a visit to the ER for treatment for the headache. M. Jackson, MD/so

Joan Tesche

12-15-97

wt \_\_\_\_\_ Ht \_\_\_\_\_ BP 115/80 R \_\_\_\_\_ P \_\_\_\_\_  
 CC Back pain \_\_\_\_\_ T \_\_\_\_\_  
 (pm)

12/15/97

TESCHE, JOAN

Problem: Back pain; referral.

S: Has more insurance forms for me to complete for her chronic disability due to low back pain. Also she needs a referral for grief counseling because of the recent loss of her son.

O: Does not appear overtly depressed at present but shared with me the fact that she was having some muscle twitching and so decreased the dose of Prozac and amitriptyline. This seemed reasonable, and I asked her to stay on the current dosages, which consisted of Prozac 20 mg q.d. and amitriptyline 25 mg at bedtime. She is now on OxyContin, prescribed by Dr. Santo, for her back pain. She has also had some partial symptomatic relief with steroid injections.

Still has somewhat limited forward flexion at the lower back but no direct tenderness. No focal weakness at present.

A: Problems as charted.

P: 1) Check amitriptyline level.  
 2) Continue current medications.  
 3) Needs thyroid studies and other routine lab work, which were also drawn today.  
 4) Follow-up in 3 to 4 months.  
 5) Referral through Mainstay for counseling.  
 6) Insurance forms completed.

Morton J. Rubenstein, M.D./djv

DD: 12/16/97 DT: 12/17/97

1-17-98

Joan's father died and she has very bad  
 nerves. Phoned Rx for Lorazepam 1mg  
 #20 ÷ BID PRN x1. Pirm (MR)



National Accounts  
P. O. Box 598056 Orlando FL 32859-8056

DATE: 4-7-98 TELEPHONE #: 717-652-5380  
TO: Dr. Rubenstein ATTN: \_\_\_\_\_  
FAX #: 717-652-0832 # OF PAGES: 3  
RE: Joan Tiesche DOB: 2-1-55

### SPECIAL INSTRUCTIONS

Dr. Rubenstein:  
Please complete the attached questions  
or respond via phone re: current status  
and pt's ability to return to work. Her  
employer is willing to accomodate. Thank you for  
your time.

PAMELA GROOVER, RN, NCM  
PHONE: 800-303-9744 X 4055 FAX: 407-858-5399



<sup>1897</sup> <sup>1997</sup>  
A Century of Commitment

**CNA INSURANCE COMPANIES  
ORLANDO SPECIAL RISKS DEPARTMENT  
CASE MANAGEMENT  
PHYSICIAN PROVIDER  
CLINICAL UPDATE REQUEST FORM**

Re: Joan Tesche

DOB: 020155

Dear Dr. Rubenstein,

CNA is the long-term Disability Insurance Carrier for this patient. Your important feedback and documentation is needed ASAP. In order to make a timely decision regarding this patient's disability benefits, we need prompt responses to our request for a current detailed clinical status report.

1. Current Diagnoses & significant history data:

---

---

2. Objective findings, symptoms, & test results:

---

---

3. Treatment Plan including medications:

---

---

4. Restrictions & Limitations:

---

---

5. Estimated Return to Work date & Prognosis: **HER EMPLOYER IS WILLING TO ACCOMODATE WITH AND ELEVATED WORK STATION SO SHE CAN ALTERNATE SITTING AND STANDING DURING HER WORKING HOURS.**

---

---

Physician signature: \_\_\_\_\_ MD    DATE: \_\_\_\_\_

Request sent on \_\_\_\_\_ by Pamela Groover, RN, Case Manager / CNA

**\*PLEASE SEND VIA FAX # (407) 858-5399, ATTENTION: PAMELA GROOVER. IF YOU NEED CLARIFICATION, CALL # 1-800-303-9744, EXT. 4055**

9434900

1702

Stuart A. Hartman, D.O.  
Christopher S. Cannon, M.D.  
**REHABILITATION ASSOCIATES**

2645 North Third Street  
Harrisburg, PA 17110  
717-236-9294

**PROGRESS NOTE**

RE: Joan D. Tesche


SS#: 182-48-960

September 11, 1997

Ms. Tesche was seen for physiatric follow-up at our Harrisburg office on 9/11/97. Overall she is doing about the same, a little bit worse due to having pain down the right leg. She is also still getting the pain down the left leg and she still has difficulty sitting. She is scheduled to see Dr. Huckell at Johns Hopkins next week. She continues to follow with Dr. Rubenstein and Dr. Wolf as needed. Overall she feels that since the Rehab Options program she is doing better and feels stronger and can walk better and lift properly and has improved pain management skills. She continues using the TENS unit which does help her. She uses ice and heat as needed. She has difficulty laying down and gets pain in the left sacroiliac region. She is not working due to her inability to sit. She continues to take Elavil 50mg at bedtime and since taking this she denies having her migraine headaches. She also is taking Synthroid, Triamterene, Prozac 40mg a day, Darvocet 2 to 4 a day, and Ibuprofen 400mg three times a day.

Her physical examination today is essentially unchanged.

We had a long discussion about her medications and her evaluation at Johns Hopkin's and future treatment. I will be seeing her for follow-up in approximately 4 weeks when she has had her evaluation at John's Hopkins. She will continue with her present aquatics and home exercise program. I will see her for follow-up as noted above.

  
Stuart A. Hartman, D.O.  
Medical Director of Rehab Options

SAH/ssf

cc: Morton J. Rubenstein, M.D., 2151 Linglestown Rd., Harrisburg, PA 17112 ✓  
S. Wolf, M.D. 5 Poplar Church Road, Camp Hill, PA 17011 ✓

FILED  
JAN 10 2002  
CLERK

REQUEST FOR ADVANCE OF DISABILITY BENEFITS  
AND REIMBURSEMENT OF OVERPAYMENT AGREEMENT

CLAIM NUMBER 9434900P1702 POLICY NUMBER 0083089679

I, Joan D Tesche, acknowledge and understand the disability benefits under my salary continuance plan with Continental Casualty Company, hereafter referred to as the Company; through my employer, are to be reduced by certain amounts paid or payable under the disability or retirement provisions of the Social Security Act, any Worker's Compensation, or any Occupational Disease Act or Law, any State Compulsory Disability Benefit Law, and any disability, retirement or other income benefits provided by or through my employer.

I request the Company to postpone the reductions until such time as I receive any of the benefits described above. I further realize that when I receive any of these benefits the Company will have overpaid me as compared with what I was entitled to receive under the plan. I agree, in consideration for this advance, to reimburse the Company immediately to the extent of the amounts of the other benefits paid to me during the periods for which an overpayment occurred. I understand and agree that reimbursement of the advanced payment will be made by me in one (1) lump sum upon receipt of such other benefits as described.

I also agree, in consideration for this advance, that the Company has the right, upon my failure to pay any overpaid balance to the Company within sixty (60) days of demand by the Company for the overpaid balance, the Company may recoup the amount of the

postponed reductions by withholding or reducing future benefit amounts which may become payable under any coverage for which I am entitled. Further, the Company may assess interest on such overpaid balance. The applicable interest rate will be the prime interest rate of the Harris Bank, Chicago, Illinois in effect on the date the demand is mailed to me. Interest will be charged from the date of the overpayment through the date of final resolution. I understand that if I pay the Company in full within sixty (60) days of the date the demand is mailed to me, no interest will be due.

I also agree, in consideration for this advance, to reimburse the Company for all reasonable attorneys' fees and other expenses of collection, including fees charged by collection agencies, incurred resulting from my failure to make reimbursement as described above to the extent not prohibited by law.

James D. Tesche

SIGNED

Jan. 26, 1998

DATED

Quinn Robert Lynch  
WITNESS



National Accounts  
P. O. Box 598056 Orlando FL 32859-8056

January 19, 1998

Ms Joan D Tesche  
7737 Fishing Creek Valley Rd  
Harrisburg PA 17112

Claim No: 9434900P1702  
Policy No: 0083089679  
Continental Casualty Company

Dear Ms Tesche:

We are pleased to inform you that your claim for benefits under the above referenced disability policy has been approved for payment. Your benefits are due on the 15th of each month. The period from 5/3/97 through 10/29/97 has been used to satisfy the policy's 180 day Elimination Period. Based on the information received, your monthly benefit will be \$1,337.70 which represents 60 percent of your monthly salary at the time you became disabled.

This amount is reduced by certain amounts paid or payable under the Disability or Retirement provisions of the Social Security Act, any Worker's Compensation, any Occupational Disease Act or Law, any State Compulsory Disability Benefit Law, and any disability, retirement, or other benefits provided by your employer as stated in your policy.

The policy guarantees a minimum benefit of \$133.77 when your gross monthly benefit is reduced due to integration. According to the information contained in our file, you received Short Term Disability benefits payable through 11/5/97. In this instance, the minimum indemnity of \$133.77 was applied for the period from 10/30/97 through 11/5/97; thereafter, the gross monthly benefit was applied. Under separate cover, you should receive our check in the amount of \$2,895.85 which represents your benefit from 10/30/97 through 1/15/98. We have withheld \$100.00 per month toward federal income tax per your request.

Your Long Term Disability policy is designed to provide you with a specific benefit in conjunction with any amount to which you may be entitled under the Social Security Act. The law provides that you may be eligible for benefits if it is anticipated that your disability may extend for at least 12 months. The benefits under this law commence at the sixth month of disability. Our continuing to provide full benefits at the sixth month of disability may result in a temporary overpayment of your claim.

In order to effectively alleviate this situation, we have enclosed an Integration Acknowledgment Form. This form acknowledges your understanding of our right to integrate with Social Security

<sup>1897-1997</sup>  
**A Century of Commitment**

CCC000262



and other benefits as specified by your policy, and elicits your promise to refund any resulting overpayment promptly.

Please read this form carefully, sign and date it in the presence of a witness, and return it to us in the enclosed envelope.

The policy requires that you be under the regular care of a licensed physician and provide proof of your continuing disability. Therefore, periodic claim reports will be sent to you along with your monthly check. To assure prompt payment of future benefits, please have the claim report completed as required and return it to us when requested.

Should you have any questions in connection with your claim, please feel free to contact us.

Sincerely,

Laura Collins, HIA  
Disability Specialist  
Special Benefits Claims Dept.  
1-800-262-7997

cc: AMP, Inc  
Attn Melissa Manveal

SVCALTD

LTD INFORMATION

\*\*\*\*\* SVCALTD \*\*\*\*\*

## \*\*\* DISABILITY DATA \*\*\*

SVC CORRECT:

N

CND TYPE: S ICD: ? 72450 DIAG: CHRONIC BACK PN OCCUP: 2005 S&P ASSIST ANALYST  
 DOL: 05/03/97 PERS CONT: ? REHAB INT: ? REHAB: G OCC REL: N  
 PEND: O TERM CD: ? TERM DT: ? OWN OCCU: 10/30/99 OWN OCC MO: 024  
 MO SALARY: 2229.50 CUR OFF: .00 MIN IND: 133.77 A AP WTH: .00  
 NEXT CHG: 12/31/99 DEFALT CEDED: N NOTE: ?  
 PREM %: 100.00 FIT \$: 100.00 CITX \$: .00 SEVERITY: 4 MO PREM: .00  
 FICA %: 7.65 SIT \$: .00 COTY \$: .00 MD/DT: 09/19/97 XCLM: ?

## \*\*\* ROLL-UP DATA \*\*\*

AP REAS: ?

ELIM: 180 D MAX PER: 965 PLAN A FREQ: M M/W RATE: 1337.70 AP BAL: + .00  
 \$-PAID + .00 M/W: 000 DYS: 00000 DLY RATE: 44.59 AP RCD: + .00  
 FR: ? CAT TOT: 000 / 00000 RECALC-\$: .00 RECALC DT: ?

## \*\*\* SERVICE DATA \*\*\*

MANUAL ? AUTO X

RECALC ?

BEN: 120 FROM: 10/30/97 THRU: 01/15/98 EOB: ? OVR: D WT: 180 M/W: 02 DYS: 017  
 AMT DUE: 3433.43 FICA: ? .00 CITX: ? .00 AP: + .00  
 OFFSET: 312.13 FIT: 256.66 COUNTX: ? .00 XDCN: 00000000000  
 MINIMUM: 31.21 SIT: ? .00 PREM DED: .00 BALANCE: 2895.85  
 EXMRLSE INTEGRAT ? LTDSTAT ? SVCBRWS ? DRFTBRWS ? NEXT: ?

SAD 76 - CHANGE SERVICE CORRECT TO "Y" WHEN READY.

F2151

## CLAIM CALCULATION EXPLANATION

PAGE 1

PRINTED: 01/14/98 12:56

ACCOUNT: AMP INCORPORATED  
LOCATION: AMP INCORPORATEDPOLICY: 0083089679  
CLAIM NBR: 94-34900P1702INSURED: JOAN D TESCHE  
ADDR1: 7737 FISHING CRK VLY RD  
ADDR2:  
CITY: HARRISBURG STATE: PA ZIP: 17112211  
DATE OF LOSS: 05/03/97  
DATE OF BIRTH: 02/01/55  
SSN: 182489637 SEX: F

PAYMENT HISTORY FOR BENEFIT PERIOD 10/30/97 THRU 01/15/98

FICA WITHHOLDING DATE RANGE(S):

05/02/97-11/30/97

TIME LINE SUMMARY: 2 TIME LINE(S)

10/30/97-11/05/97	INTEGRAT LINE # 2	01/01/98	NO FICA	LINE: 1
11/06/97-01/15/98	DEFAULT	01/01/98	NO FICA	LINE: 2

NEXT CHANGE DATE FOR BENEFIT PERIOD: 12/31/99

F2151

## CLAIM CALCULATION EXPLANATION

PAGE 2

PRINTED: 01/14/98 12:56

ACCOUNT: AMP INCORPORATED  
 LOCATION: AMP INCORPORATED

POLICY: 0083089679  
 CLAIM NBR: 94-34900P1702

INSURED: JOAN D TESCHE  
 ADDR1: 7737 FISHING CRK VLY RD  
 ADDR2:  
 CITY: HARRISBURG STATE: PA ZIP: 17112

211  
 DATE OF LOSS: 05/03/97  
 DATE OF BIRTH: 02/01/55  
 SSN: 182489637 SEX: F

BENEFIT CALCULATION FOR BENEFIT CODE 120 TOTAL DISAB 10/30/97 THRU 01/15/98

## CALCULATIONS FOR TIME PERIOD 10/30/97 THRU 11/05/97

- .. YOUR GROSS MONTHLY BENEFIT IS \$1,337.70. IT IS 60.000% OF \$2,229.50 (YOUR MONTHLY SALARY).
- .. DURING THIS TIME PERIOD YOUR OTHER INCOME TOTALLED \$1,772.90 PER MONTH:  
 DISABLITY \$1,772.90
- .. PER YOUR POLICY, YOUR GROSS MONTHLY BENEFIT IS REDUCED BY THIS OTHER INCOME.
- .. YOUR POLICY PROVIDES FOR A MINIMUM MONTHLY INDEMNITY OF \$133.77 AFTER REDUCTION OF YOUR GROSS MONTHLY INDEMNITY
- .. YOUR NET MONTHLY BENEFIT FROM THIS POLICY IS \$133.77
- .. THE TIME PERIOD 10/30/97 THRU 11/05/97 COVERS 7 DAYS.  
 YOUR BENEFIT IS \$31.21  
 (NET MONTHLY BENEFIT \$133.77 TIMES 7 DAYS.)
- .. DEDUCTIONS WERE MADE FOR:  
 FEDERAL TX \$23.33
- .. YOUR NET PAYMENT FOR 10/30/97 THRU 11/05/97 IS \$7.88

F2151

## CLAIM CALCULATION EXPLANATION

PAGE 3

PRINTED: 01/14/98 12:56

ACCOUNT: AMP INCORPORATED  
LOCATION: AMP INCORPORATEDPOLICY: 0083089679  
CLAIM NBR: 94-34900P1702  
211INSURED: JOAN D TESCHE  
ADDR1: 7737 FISHING CRK VLY RD  
ADDR2:  
CITY: HARRISBURG STATE: PA ZIP: 17112DATE OF LOSS: 05/03/97  
DATE OF BIRTH: 02/01/55  
SSN: 182489637 SEX: F

BENEFIT CALCULATION FOR BENEFIT CODE 120 TOTAL DISAB 10/30/97 THRU 01/15/98

## CALCULATIONS FOR TIME PERIOD 11/06/97 THRU 01/15/98

.. YOUR GROSS MONTHLY BENEFIT IS \$1,337.70. IT IS 60.000% OF \$2,229.50  
(YOUR MONTHLY SALARY).

.. YOUR NET MONTHLY BENEFIT FROM THIS POLICY IS \$1,337.70

.. THE TIME PERIOD 11/06/97 THRU 01/15/98 COVERS 2 MONTHS, 10 DAYS.  
YOUR BENEFIT IS \$3,121.30  
(NET MONTHLY BENEFIT \$1,337.70 TIMES 2 MONTHS, 10 DAYS.).. DEDUCTIONS WERE MADE FOR:  
FEDERAL TX \$233.33

.. YOUR NET PAYMENT FOR 11/06/97 THRU 01/15/98 IS \$2,887.97

NET PAYMENT FOR TOTAL DISAB 10/30/97 THRU 01/15/98 IS \$2,895.85



MAIL FORM TO: CNA Insurance Companies  
PO Box 598056  
Orlando FL 32859-8056

## LTD EMPLOYER'S STATEMENT

**INSTRUCTIONS TO EMPLOYER:** Complete the Employer's Statement & attach job description. Instruct employee to complete Employee's Statement and have Physician's Statement completed. Mail the forms so that they **ARRIVE** at least 30 days before the end of the elimination period.

Name (last, first, middle initial) <u>Tesche, Joan D.</u>		Phone Number (include area code) <u>(717) 469-1151</u>		Date of Birth <u>2-1-55</u>	
Address (street number, city, state, zip code) <u>1737 Fishing Creek Valley Rd. Harrisburg PA 17112</u>					
Date Employed P1	Date Employed F1	Effective Date of Coverage	Occupation		
	<u>5-2-88</u>	<u>8-2-88</u>	<u>S&amp;P ASSISTANT</u>		
Social Security Number <u>182-48-9637</u>		Employee Class <u>Bi-weekly</u>	Org Code <u>948</u>	Building <u>21</u>	Department Number <u>9856</u>
How is employee paid?					
<input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly					
Basic Monthly Earnings <u>2363.83 2229.50</u>			Effective Date of reported salary or wage <u>5-5-97 518195</u>		
List major physical demands <u>JAS</u>					
Duties: include physical activities, hazards and skills required. <u>See</u>					
Date last worked prior to current disability <u>5-2-97</u>		Has employee worked part-time or partial duties since the disability began? (if yes explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is disability due to injury or sickness arising out of employment? <u>NO</u>		Has employee retired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Has employee terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single    Number of children under 18 years:					
Please indicate any benefits your employee has received or is entitled to receive during this disability. This would include but not be limited to company sponsored short-term benefit, State disability benefits, workers compensation benefits, sick pay, salary continuance, commissions and / or bonuses.					
Workers Compensation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of benefits \$ _____ per	Date Benefits Began		Date Benefits Cease
Name and Address of Workers Compensation Carrier					
Retirement or Pension <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of benefits \$ _____ per	Date Benefits Began		
Salary Continuance Plan <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of benefits \$ _____ per	Date Benefits Began		Date Benefits Cease
Group Disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of benefits \$ <u>409.13</u> per <u>wk</u>	Date Benefits Began <u>5-8-97</u>		Date Benefits Cease <u>11-5-97</u>
Any other source <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of benefits \$ _____ per	Date Benefits Began		Date Benefits Cease
Employer  <b>AMP Incorporated</b> <b>PO Box 3608 04-04</b> <b>Harrisburg PA 17105-3608</b>			Policy Number <input type="checkbox"/> 83085014 <input checked="" type="checkbox"/> 83089679 - 60%		
Completed by: <u>Melissa Maneval</u>			Title: <u>Benefits</u>		Date: <u>10-3-97</u>
Phone Number (include area code) <u>(717) 592-4206</u>			10% buy-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date <u>1-1-95</u>
Occupational Nurse Name <u>Angie Ditzler</u>			Phone Number (include area code) <u>(717) 592-4656</u>		



CNA Insurance Companies  
P.O. Box 593925  
Orlando, FL 32859-3925

## LTD EMPLOYEE'S STATEMENT

Company Name

AMP Incorporated

Use back to answer any questions where space does not permit. Return form to Employer.

Name (Last, first, middle initial) <i>Tesché Joan D.</i>	Telephone No. (Include Area Code) <i>(717) 469-1151</i>	Date of Birth <i>2/1/55</i>
Home Address (Street number, city, state, zip code) <i>7737 Fishing Creek Valley Rd., Harrisburg, Pa. 17112</i>		Social Security Number <i>182-48-9637</i>
Mailing Address, if different from Home Address (Street number, city, state, zip code)		

Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	If married, Spouse's Name & Birth Date <i>Joseph H. Tesché Sr. --</i>	Number of Dependent Children: <i>2</i>	Birth Date of Youngest Dependent: <i>9/13/78</i>
Have you applied for or are you receiving benefits from:			
a. Social Security	Applied Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Receiving Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Date Applied For
b. Workers' Compensation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. State Disability Insurance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. Retirement or Pension	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
e. Other *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

\* Please attach copies of letters or notices related to these Other Benefits.

If due to injury, how and when did this accident occur? <i>N.A.</i>	Date first treated for this sickness / injury:
How does sickness / injury prevent you from returning to work? <i>Limits sitting, standing, lifting</i>	Date last worked prior to current sickness/injury: <i>5/2/97</i>
On what date were you able to or do you expect to return to work? <i>undetermined</i>	

List primary physicians you consulted because of this disability. (Use other side if necessary)

Physician's Name	Address	Phone No. (Incl. Area Code)	Dates Treated
1. <i>Morton Rubenstein, M.D.</i>	1. <i>2151 Linglestown Rd., Harrisburg, Pa. 17110</i>		1. <i>Primary MD since 1997</i>
2. <i>Stuart Hartman, D.O.</i>	2. <i>2645 N. 3rd Street, Harrisburg, Pa. 17110</i>		2. <i>2/5/97 4/23/97 5/10/97 6/3/97 7/3/97 8/14/97 9/11/97</i>
3. <i>Steven Wolf, M.D.</i>	3. <i>875 Poplar Church Rd., Camp Hill, Pa. 17011</i>		3. <i>Primary Orthopedic last seen 5/8/97</i>
4. <i>Cameron Huckell, M.D.</i>	4. <i>Johns Hopkins, 601 N. Caroline St., Baltimore, MD 21287</i>		4. <i>Sept. 8, 1997</i>
5.	5.		5.

List all hospital confinements for this disability. (Use other side if necessary)

Name of Hospital	Address	Date Confined
<i>None since March 1996.</i>		

Important: The following authorization must also be completed by the Employee.

Upon presentation of the original or a photocopy of this signed authorization, I authorize any medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide Continental Casualty Co. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, information concerning advice, care or treatment provided the patient, employee or deceased named below, including information relating to mental illness, use of drugs or use of alcohol. I also authorize my employer, group policyholder or benefit plan administrator to provide Continental Casualty Co. with financial or employment-related information. I also hereby authorize the Social Security Administration to send a copy of the Award (including family awards, if any) or Disallowance Notice to GNA Insurance, P.O. Box 593925, Orlando, Florida 32859-3925 for Social Security Number: 182-48-9637. This information is required by Continental Casualty Co. to calculate my disability benefits under Claim Number: \_\_\_\_\_. I understand that such information will be used by Continental Casualty Co. for the purpose of evaluating my claim for insurance benefits and that I or any authorized representative will receive a copy of this authorization upon request. This authorization is valid from the date signed for the duration of the claim. I agree that a photographic copy of this authorization shall be as valid as the original. I know it is a crime to complete this form with information I know is false or to omit any facts I know are important.

*Joan D. Tesché*  
Name (Please Print)

*Joan D. Tesché*  
Signature

*9/12/97*  
Date Signed



MAIL COMPLETED FORM AND OFFICE REC DS

AMP Incorporated  
Benefits, 04-04  
P.O. Box 3608  
Harrisburg, PA 17105

## PHYSICIAN'S STATEMENT

PLEASE PRINT - Use a separate sheet of paper to answer questions where space does not permit.

Patient's Name <i>Joan Tesche</i>	Date of Birth <i>2/1/55</i>
Patient's Address - Street, city, state, zip code <i>7737 Fishing Creek Valley Rd, Harrisburg PA 17112</i>	Phone Number (Area Code First) <i>(717) 469-1151</i>
Employer's Name AMP Incorporated	Policy Number

I hereby authorize release of information on this form, by the physician named on the reverse side of this form for the purpose of claim processing. Signature: *Joan D. Tesche* Date: *9/29/97*

## 1. HISTORY

- (a) When did symptoms first appear or accident happen? Month \_\_\_\_\_ Day \_\_\_\_\_ 19 \_\_\_\_\_  
 (b) Date of first visit: Month \_\_\_\_\_ Day \_\_\_\_\_ 19 \_\_\_\_\_  
 (c) Date you first advised patient to cease work: Month \_\_\_\_\_ Day \_\_\_\_\_ 19 \_\_\_\_\_  
 (d) Has patient ever had same or similar condition? ☐ Yes ☐ No  
 If Yes, please state when and describe:

- (e) Is condition due to injury or sickness arising out of patient's employment? ☐ Yes ☐ No ☐ Unknown

## 2. MEDICAL CONDITION

- (a) Diagnosis: *Chronic back pain* (*spondylolisthesis, S/P fusion with hardware, L5-S1 discogenic pain, S/P anterior L5-S1 fusion with hardware, S/P hardware removal*)  
 (b) Complications: *persistent pain*  
 (c) Symptoms: *persistent pain*  
 (d) OBJECTIVE FINDINGS (Please attach reports including X-Rays, EKG's, Lab Data and any clinical findings):  
*See attached.*

## 3. NATURE OF TREATMENT

- (a) What are the treatment plans? *Continued physical therapy, analgesics*  
 (b) Surgery: *Being evaluated for left SI joint surgery*  
 (c) Medications: *Lodine 500mg BID, Amitriptyline 50mg HS, Dawaort N 100 TID*  
 (d) Has this person been referred to another physician? ☒ Yes ☐ No  
 Name and address of this physician:  
*(1) Steven Wolf MD (2) Stuart Hartman DO (3) Cameron Huckle MD)*  
 (e) Date of last visit: Month \_\_\_\_\_ Day \_\_\_\_\_ 19 \_\_\_\_\_ *Multiple*  
 (f) Is further treatment required? *Yes*





For All the Commitments You Make™

P.O. Box 593925  
Orlando, FL 32859-3925

9/9/97

ES

## EMPLOYER'S JOB ACTIVITIES STATEMENT

EMPLOYEE NAME <i>Joan Tesche</i>		DATE
JOB TITLE <i>S &amp; P Analyst Assistant</i>		CLAIM NO.
EMPLOYER/COMPANY NAME <i>AMP Inc</i>	ADDRESS	DATE LAST WORKED <i>5/05/97</i>
		TELEPHONE NUMBER

DIRECTIONS: PLEASE ANSWER THE FOLLOWING BASED ON YOUR EMPLOYEE'S USUAL JOB ACTIVITIES IMMEDIATELY PRIOR TO HIS/HER DISABILITY. IF THE ACTIVITY DOES NOT APPLY TO HIS/HER JOB PLEASE MARK "N/A".

## BRIEF SUMMARY OF THE JOB ACTIVITIES

*Responsible for the documentation of application software.*

JOB CAN BE MODIFIED:	Temporarily	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Permanently	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE SPECIFY:						

AVERAGE NO. OF HOURS WORKED		WORKS			
PER DAY	PER WEEK	Inside <i>100%</i>	Outside _____%	With People <i>20%</i>	Alone <i>80%</i>
<i>8 - 8 1/2</i>	<i>40 - 42</i>	SUPERVISES			
		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Number of People _____ Hours/day _____	
ANY WORK RESTRICTIONS WHEN HIRED? IF YES, PLEASE EXPLAIN					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

PLEASE CIRCLE THE NUMBER OF HOURS/DAYS THE JOB REQUIRES THE FOLLOWING ACTIVITIES:

Sitting	0	1	2	3	4	5	6	7	8
Standing	0	1	2	3	4	5	6	7	8
Walking	0	1	2	3	4	5	6	7	8
Bending	0	1	2	3	4	5	6	7	8
Climbing Stairs	0	1	2	3	4	5	6	7	8

DOES THE JOB REQUIRE LIFTING? YES ☐ NO ☒ IF YES, PLEASE COMPLETE THE FOLLOWING ACTIVITIES:

# OF TIMES/DAY	CIRCLE # OF HOURS/DAY	OVERHEAD
0 - 5 LBS. _____	0 1 2 3 4 5 6 7 8	YES NO
5 - 10 LBS. _____	0 1 2 3 4 5 6 7 8	YES NO
10 - 25 LBS. _____	0 1 2 3 4 5 6 7 8	YES NO

TYPES OF MATERIAL LIFTED:

DOES THE JOB REQUIRE CARRYING? YES ☐ NO ☒ IF YES, PLEASE COMPLETE THE FOLLOWING:

# OF TIMES/DAY	CIRCLE # OF HOURS/DAY	OVERHEAD
0 - 5 LBS. _____	0 1 2 3 4 5 6 7 8	YES NO
5 - 10 LBS. _____	0 1 2 3 4 5 6 7 8	YES NO
10 - 25 LBS. _____	0 1 2 3 4 5 6 7 8	YES NO

TYPES OF MATERIAL CARRIED:

```

* * * IF PAYMENT IS TO BE ASSIGNED, ENTER PROVIDER SEARCH FIELDS * * *
      TAX ID: ?          ZIP: ?      NAME: ?
TOTLMM ? CNDADD ? SVCAASA ? SVCALTD ? SVCAHOSP ? TOTLBASE ? NEXT: ?

```

P.O. Box 8005  
Harrisburg, PA 17105-8005  
Phone: 717-564-0100  
www.amp.com

*new 9434700*

**AMP**

AMP Incorporated

November 3, 1997

Laura Collins, HIA  
Disability Specialist  
CNA Insurance Companies  
A & H Claims Department  
P.O. Box 598056  
Orlando, FL 32859-8056

GROUP BENEFITS  
10.1 9/1997  
RE: Joan D. Tesche  
Policy #: 83089679  
Claim #: NEW CLAIM

Dear Laura:

Enclosed please find the completed forms necessary for you to establish a Long Term Disability claim for our employee, Joan Tesche.

The attached forms include:

- ☐ Early Notification Form
- ☒ Initial Claim Report for Group Long Term Disability
- ☒ Attending Physician's Statement
- ☒ Employer's Job Activities Statement
- ☒ Copies of AMP's completed doctor's forms
- ☐ Social Security Award
- ☒ Withholding Tax Form

If any additional information is needed, please do not hesitate to contact me at (717) 592-4206.

Sincerely,

*Melissa K. Maneval*

Melissa Maneval  
Benefits Department

9  
97 275 52465

Enclosures

CCC000275

Screener: RC Date Rec'd: 10/9 Time Rec'd: 2 PM  
 Claimant: \_\_\_\_\_ Claim #: 9434900 Age: 42  
 Diagnosis: Spinal Cord Injury Code: 710 STD: LTD

TO ADVANCE PAY &amp; CLOSE (DATE) \_\_\_\_\_

Approved Duration: \_\_\_\_\_  
 (from Date of Loss) \_\_\_\_\_ Pregnancy: \_\_\_\_\_ Routine-w/RTW \_\_\_\_\_  
 Send Duration Letters: ☐ Adv. Pay/Close to-EE/ER ☐ Adv. Pay/Close to-AP

Assigned to: CNA INVESTIGATIONS \_\_\_\_\_ SUBRO. \_\_\_\_\_ CORE \_\_\_\_\_  
 COMPLEX LC/11/10/05 NURSE M. L. 9/9

## TECHNICAL CRITERIA / INDICATORS

APPROVED DURATION: (FROM DATE OF LOSS) \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ELIGIBILITY            | <input type="checkbox"/> SSD                | <input type="checkbox"/> ADEA                          |
| <input type="checkbox"/> NO DATA BASE/POLICY    | <input type="checkbox"/> SSR                | <input type="checkbox"/> MENTAL MAX                    |
| <input type="checkbox"/> PRE-X                  | <input type="checkbox"/> SDI                | <input type="checkbox"/> ER LETTER                     |
| <input type="checkbox"/> ENROLLMENT CARD        | <input type="checkbox"/> SALARY CONT        | <input checked="" type="checkbox"/> OCC. <u>3/1/01</u> |
| <input type="checkbox"/> LATE ENROLLEE          | <input type="checkbox"/> WC                 | <input type="checkbox"/> GMI                           |
| <input type="checkbox"/> MISREP                 | <input type="checkbox"/> PENSION            | <input type="checkbox"/> OTHER:                        |
| <input type="checkbox"/> INCOMPLETE             | <input checked="" type="checkbox"/> SICKPAY |  |
| <input type="checkbox"/> LATE (45D STD/15M.LTD) | <input type="checkbox"/> STD                |  |
| <input type="checkbox"/> PREMIUM VERIFICATION   | <input type="checkbox"/> NO FAULT AUTO      |  |
|   | <input type="checkbox"/> MVA                |  |
- ☐ UNCLEAR REOCCURRENCE ☐ GAP FROM DLW VS DOT/DOL ☐ CLMT. WORKING

SCREENER CALLED:

Employer: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Employee: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Return Call Needed? Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

Notes: \_\_\_\_\_

DATE SCREENING COMPLETED: 10/10 INITIALS: RC TIME: 3 PM  
 RETURNED TO SCREENER ON: \_\_\_\_\_ INITIALS: \_\_\_\_\_  
 Reason Returned: \_\_\_\_\_

PAID \_\_\_\_\_ DENIED \_\_\_\_\_ DECISION DATE \_\_\_\_\_

Attach this document to your policy

## Continental Casualty Company



For All the Commitments You Make\*

CNA Plaza  
Chicago, Illinois 60685

A Stock Company

### RIDER # 6

In consideration of the payment of premium for the policy to which this rider is attached; it is hereby agreed and understood that the following named division is made a part of this policy:

M/A COM, A Division of Amp Incorporated

In all other respects, this policy will remain unchanged.

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

This rider takes effect on January 1, 1999, 12:01 A.M., Standard Time, at the address of the Holder; it expires concurrently with the policy to which it is attached and is subject to all the definitions, conditions and provisions of the policy not inconsistent herewith.

Attached to and made part of Policy No. SR - 83089679 issued to AMP Incorporated by the CONTINENTAL CASUALTY COMPANY, General Office, Chicago Illinois, but the same shall not be binding upon the Company unless countersigned by its duly authorized agent.

*Bernard L. Hengelbaugh*  
Chairman of the Board

*Jonathan Kantor*  
Secretary

SRR-15288

Countersigned by  
Licensed Resident Agent \_\_\_\_\_

# Continental Casualty Company



CNA Plaza  
Chicago, Illinois 60685

A Stock Company

## RIDER # 5

In consideration of the payment of the premium for the Policy to which this rider is attached, it is hereby understood and agreed that the Minimum Monthly Benefit as stated on Addendum 2 form B1-54765-A is amended to read as follows:

In no event will the Monthly Benefit payable for Total Disability (but not for Partial Disability and/or Rehabilitative Employment) be reduced to less than 10% of the Employee's base pay.

In all other respects the Policy shall remain the same.

Accepted By: \_\_\_\_\_

*John A Vantine*

Title: \_\_\_\_\_

GLOBAL RISK MANAGER

Date: \_\_\_\_\_

This rider takes effect on September 4, 1998, 12:01 A.M., Standard Time, at the address of the Holder; it expires concurrently with the policy to which it is attached and is subject to all the definitions, conditions, and provisions of the policy not inconsistent herewith.

Attached to and made a part of Policy No. SR-83089679 issued to AMP, Incorporated by the CONTINENTAL CASUALTY COMPANY, General Office, Chicago, Illinois, but the same shall not be binding upon the Company unless countersigned by its duly authorized agent.

SIGNED FOR THE CONTINENTAL CASUALTY COMPANY,

*Dennis Chookaszian*  
Chairman of the Board

*Jonathan Kantor*  
Secretary

Attach this document to your Policy

## Continental Casualty Company

**CNA**  
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CNA Plaza  
Chicago, Illinois 60685

A Stock Company

### Amendment Rider #4

In consideration of the payment of the premium for the policy to which this rider is attached, We agree to waive Our right to change the premium rate. Such agreement shall be valid until January 1, 2000 if:

- (1) There are no changes made to the program;
- (2) There is a minimum of 10 Insured Employees and there is less than a 25% change to the number of Insured Employees since the EFFECTIVE DATE of this rider;
- (3) There are no new classes of employees, subsidiaries, affiliated companies or new acquisitions of the Employer added after the EFFECTIVE DATE of this rider.

In all other respects this policy shall remain the same.

This rider takes effect on January 1, 1998, 12:01 A.M., Standard Time, at the address of the Holder; it expires concurrently with the policy to which it is attached and is subject to all the definitions, conditions and provisions of the policy not inconsistent herewith.

Attached to and made part of Policy No. SR#83089679 issued to AMP, Inc. by the CONTINENTAL CASUALTY COMPANY, General Office, Chicago Illinois, but the same shall not be binding upon the Company unless countersigned by its duly authorized agent.

*D. H. Chookasjian*

Chairman of the Board

*D. M. Loney*

Secretary

SRR-15288

Countersigned by \_\_\_\_\_

Licensed Resident Agent

Attach this document to your Pol.

## Continental Casualty Company



CNA Plaza  
Chicago, Illinois 60685

A Stock Company

### Amendment Rider #3

In consideration of the payment of the premium for the policy to which this rider is attached, it is hereby understood and agreed that the Description of Eligible Employees as stated in Item #2 of the Master Application, Z1-67957-C is amended to read as follows:

\*Active, full-time means an employee who is normally scheduled to work an average of at least 32 hours per week and meets AMP Incorporated's definition of a full-time employee.

In all other respects this policy shall remain the same.

This rider takes effect on January 1, 1997, 12:01 A.M., Standard Time, at the address of the Holder; it expires concurrently with the policy to which it is attached and is subject to all the definitions, conditions and provisions of the policy not inconsistent herewith.

Attached to and made part of Policy No. SR#83089679 issued to AMP Incorporated by the CONTINENTAL CASUALTY COMPANY, General Office, Chicago Illinois, but the same shall not be binding upon the Company unless countersigned by its duly authorized agent.

*A. H. Chookasjian*

Chairman of the Board

*D. M. Loney*

Secretary

SRR-15288

Countersigned by \_\_\_\_\_

Licensed Resident Agent



Attach this document to your Policy

## Continental Casualty Company

**CNA**

For all the Commitments You Make

CNA Plaza  
Chicago, Illinois

A Stock Company  
Herein called the Company

### Rider # 2

In consideration of the payment of the premium for the policy to which this rider is attached, it is hereby understood and agreed that paragraph (2) of the Exclusions and Limitations section of the policy is amended to read as follows:

- (2) Disability beyond 24 months after the Elimination Period if it is due to mental or emotional disorders of any type or drug or alcohol addiction; except that at the end of such 24 month period, the Employee is confined in a hospital or other institution qualified to provide care and treatment incident to such Disability:

In all other respects, the policy remains unchanged.

Accepted By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This rider takes effect on January 1, 1996, 12:01 A.M., Standard Time, at the address of the Holder; it expires concurrently with the policy to which it is attached and is subject to all the definitions, conditions and provisions of the policy not inconsistent herewith.

Attached to and made part of Policy No. SR#83089679 issued to AMP Incorporated by the CONTINENTAL CASUALTY COMPANY, General Office, Chicago Illinois, but the same shall not be binding upon the Company unless countersigned by its duly authorized agent.

*D. H. Chookasjian*  
Chairman of the Board

*D. M. Long*  
Secretary

SRR-15288

Countersigned by \_\_\_\_\_  
Licensed Resident Agent

Attach this document to your Policy

## Continental Casualty Company

**CNA**

For all the Commitments You Make

CNA Plaza  
Chicago, Illinois

A Stock Company  
Herein called the Company

### Rider #1

In consideration of the payment of the premium for the policy to which this rider is attached, it is hereby understood and agreed that the Monthly Benefit as described in item #9 of the Master Application (Z1-67957-C) is amended to read as follows:

MONTHLY BENEFIT	60% of the Insured Employee's Salary (1) or \$18,000 per month, whichever is the lesser amount, minus the reductions in (2) below.
-----------------	--

In all other respects, the policy remains unchanged.

Accepted by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This rider takes effect on January 1, 1995, 12:01 A.M., Standard Time, at the address of the Holder; it expires concurrently with the policy to which it is attached and is subject to all the definitions, conditions and provisions of the policy not inconsistent herewith.

Attached to and made part of Policy No. SR#83089679 issued to AMP Incorporated by the CONTINENTAL CASUALTY COMPANY, General Office, Chicago Illinois, but the same shall not be binding upon the Company unless countersigned by its duly authorized agent.

*D. H. Chookasjian*

Chairman of the Board

*D. M. Loney*

Secretary

Countersigned by \_\_\_\_\_  
Licensed Resident Agent

SRR-15288



9. Schedule of Benefits

MONTHLY BENEFIT

10% of the Insured  
Employee's Salary (1)  
or \$3,000 per month,  
whichever is the lesser  
amount, minus the  
reductions in (2) below.

MAXIMUM PERIOD PAYABLE

See Addendum 3

ELIMINATION PERIOD

180 Days

Includes Features Checked

       PARTIAL DISABILITY BENEFIT-Reduction:        %

  X   REHABILITATIVE EMPLOYMENT BENEFIT-Reduction:   50%  

  X   SURVIVOR INCOME BENEFIT-Maximum Period Payable:   6   months

       COST OF LIVING ADJUSTMENT BENEFIT

       RESIDUAL DISABILITY BENEFIT

(1) See Addendum 2

(2) See Addendum 2

AGENT OR BROKER

Name of Firm: FRANCIS W. WARD JR

Name of agent or  
broker (please print): FRANCIS W. WARD JR

Signature: Francis W. Ward Jr

Date: 2/11/95

EMPLOYER

Name: AMP Incorporated  
(please print) by Philip Guarnaschelli

Title: Vice President - Global Human Resources  
Signature: Philip Guarnaschelli

Date: 2/6/95

## ADDENDUM 1

SR 83089679  
Policy Number

AMP Incorporated  
Employer

January 1, 1995  
Effective Date

## 5. Premium is calculated by:

Multiplying the monthly salary for each Insured Employee by \*. An Insured Employee's salary in excess of \$30,000 per month shall not be included in the premium calculation for such Insured Employee.

## 6. Premium is payable in the following manner:

The policy is issued in consideration of the payment in arrears of the monthly premium which is based on the actual wage or salary of all Insured Employees for the first and each subsequent policy and calculated at the premium rate stated above. Such payment shall be made within 20 days after the end of each monthly premium accounting period, or as soon thereafter as is reasonably possible and shall be accompanied by a premium adjustment report.

"Salary" as used in Statements 5 and 6 with respect to an Employee other than a Commissioned Salesperson means the monthly wage or salary that the Insured Employee was receiving from the Employer on the date the Disability began. It excludes commissions, overtime earnings, incentive pay, bonuses or other compensation.

"Salary" as used in Statements 5 and 6 with respect to a Commissioned Salesperson means the monthly wage or salary that the Insured Employee was receiving from the Employer on the date the Disability began. It excludes overtime earnings, incentive pay, bonuses or other compensation, but it includes the monthly average of commissions paid to the Insured Employee by the Employer during the preceding 12 month period, but not to exceed the maximum monthly benefit amount on file with the Human Resources Department.

*Age Band	Payroll Factor
20 - 24	.04%
25 - 29	.05%
30 - 34	.06%
35 - 39	.10%
40 - 44	.15%
45 - 49	.22%
50 - 54	.31%
55 - 59	.43%
60 - 64	.50%
65 - 69	.41%
70 - 74	.20%

## ADDENDUM 2

SR 8309679  
Policy Number

AMP Incorporated  
Employer

January 1, 1995  
Effective Date

- (1) "Salary" as used in Statements 5 and 6 with respect to an Employee other than a Commissioned Salesperson means the monthly wage or salary that the Insured Employee was receiving from the Employer on the date the Disability began. It excludes commissions, overtime earnings, incentive pay, bonuses or other compensation.

"Salary" as used in Statements 5 and 6 with respect to a Commissioned Salesperson means the monthly wage or salary that the Insured Employee was receiving from the Employer on the date the Disability began. It excludes overtime earnings, incentive pay, bonuses or other compensation, but it includes the monthly average of commissions paid to the Insured Employee by the Employer during the preceding 12 month period, but not to exceed the maximum monthly benefit base amount on file with the Human Resources Department.

- (2) The Monthly Benefit under this policy shall be reduced by:

1. Disability benefits paid, payable, or for which there is a right under:
  - a. The Social Security Act, excluding any amounts for which the Insured Employee's dependents may qualify because of the Insured Employee's Disability.
  - b. Any Worker's Compensation or Occupational Disease Act or Law, or any other law which provides compensation for an occupational injury or sickness,
  - c. Any State Disability Benefit Law:
2. Disability benefits paid under:
  - a. Any group insurance plan provided by or through the Employer,
  - b. Any formal sick leave plan provided by the Employer, or
  - c. Any Retirement Plan provided by the Employer;
3. Retirement benefits paid under the Social Security Act, excluding any amounts for which the Insured Employee's dependents may qualify because of the Insured Employee's retirement.
4. Retirement benefits paid under a Retirement Plan provided by the Employer for which the Insured Employee did not make a contribution.

If any benefit described above is paid in a single sum through compromise settlement or as an advance on future liability, the amount which pertains to the Insured Employee's Disability will be divided by the number of months from the date of its receipt to the end of the benefit period applicable to the Insured Employee. The result shall be deducted from the Insured Employee's Monthly Benefit.

The Monthly Benefit, after the reductions stated above, if any, will not be further reduced for subsequent cost-of-living increases which are paid, payable, or for which there is a right under any other benefit described above.

"Retirement Plan" means a plan which provides retirement benefits to employees and is not funded wholly by employee contributions. It does not include: 1) a profit sharing plan, a thrift or savings plan; 2) an individual retirement account (IRA); 3) a tax sheltered annuity (TSA); 4) a stock ownership plan; or 5) a deferred compensation plan.

ADDENDUM 2 (continued)

SR 83089679  
Policy Number

AMP Incorporated  
Employer

January 1, 1995  
Effective Date

In no event will the Monthly Benefit payable for Total Disability (but not for Partial Disability and/or Rehabilitative Employment) be reduced to less than \$ 50.00 or 10 % of the Insured Employee's Monthly Benefit prior to the reductions stated above, whichever is greater.

ADDENDUM 3

SR 83089679  
Policy Number

AMP Incorporated  
Employer

January 1, 1995  
Effective Date

Age on Date  
Disability Commences

59 years or younger

60 - 64

65 - 69

70 - 74

75 and older

To the Insured Employee's 65th Birthday

54 months

30 months

18 months

12 months



**Continental Casualty Company**

CNA Plaza  
Chicago, Illinois 60685

A Stock Company

AMP Incorporated  
EMPLOYER

SR 83089679  
POLICY NUMBER

January 1, 1995  
EFFECTIVE DATE

**FORMS ATTACHED AT ISSUANCE**

B1-68058-C  
T1-68083-B37  
T1-67942-B  
B1-89395-A  
T1-67955-B  
B1-89406-A  
T1-89397-A37

We agree with the Employer to insure certain eligible employees of the Employer. We promise to pay benefits for loss covered by this policy in accordance with its provisions.

This policy is issued in consideration of the payment of premium and the statement made in the Application.

**POLICY EFFECTIVE DATE AND TERM**

This policy takes effect on the Effective Date stated above. All insurance periods will be computed from that date. This policy remains in force for the period for which premium has been paid. It may be renewed for further successive periods by payment of premium as stated in this policy. We have the right to non-renew it as of the first annual anniversary date or any later premium due date. If We non-renew, We must give the Employer at least 31 days prior written notice of such non-renewal.

All periods of insurance begin and end at 12:01 a.m., Standard Time, at the Employer's address stated in the Application.

**ELIGIBLE EMPLOYEES**

The employees eligible to be insured under this policy are described in Statement 2 of the Application.

**EMPLOYEE'S EFFECTIVE DATE OF INSURANCE**

The insurance for employees who are eligible as of the Effective Date of this policy shall take effect on such date. The insurance for employees who become eligible after the Effective Date of this policy and enroll within 30 days shall take effect as stated in Statement 8 of the Application. The insurance of employees who enroll more than 30 days after becoming eligible will take effect on the date We approve such evidence of insurability as We may require.

If, because of Injury or Sickness, an eligible employee is not working full-time on the date the insurance would otherwise take effect, it will take effect on the day the employee returns to full-time work for a continuous period equal to the time the employee was not working full-time. This return to full-time work requirement will not exceed 30 days.

SIGNED FOR THE CONTINENTAL CASUALTY COMPANY

*R. H. Chookasjian*  
Chairman of the Board

*D. M. Loney*  
Secretary

Countersigned by \_\_\_\_\_  
Licensed Resident Agent

**TABLE OF CONTENTS**

	<b>Page</b>
Eligible Employees	1
Policy Effective Date and Term	1
Employee's Effective Date of Insurance	1
Definitions	3
Disability Benefits	4
Extension of Maximum Period Payable	5
Recurrent Disability	5
Exclusions and Limitations	5
Termination of Employee's Insurance	6
Premium	6
Waiver of Premium	6
Certificate	6
Uniform Provisions	6-7
General Provisions	7
Attachments	

## DEFINITIONS

"Application" means the Employer's application attached to this policy.

"Disability" means Total Disability and Rehabilitative Employment.

"Injury" means bodily injury caused by an accident which results, directly and independently of all other causes, in loss which begins while the Insured Employee's coverage is in force.

"Insured Employee" means an employee whose insurance is in force under the terms of this policy.

"Monthly Benefit", "Elimination Period", and "Maximum Period Payable" mean that benefit and those periods shown in the Schedule of Benefits which apply to the Insured Employee.

"Pre-existing Condition" means a condition for which medical treatment or advice was rendered, prescribed or recommended within 90 days prior to the Insured Employee's effective date of insurance. A condition shall no longer be considered pre-existing if it causes loss which begins after the employee has been insured under this policy for a period of 12 consecutive months.

"Rehabilitative Employment" means that the Insured Employee, because of Injury or Sickness, is:

- (1) continuously unable to perform the substantial and material duties of his regular occupation;
- (2) under the regular care of a licensed physician other than himself; and
- (3) gainfully employed in any occupation, on a full-time or part-time basis, for which he is or becomes qualified by education, training or experience.

"Salary" means as defined in the Schedule of Benefits.

"Schedule of Benefits" means Statement 9 of the Application for this policy.

"Sickness" means sickness or disease causing loss which begins while the Insured Employee's coverage is in force. Sickness shall not include any loss caused by or resulting from a pre-existing condition.

"Total Disability" means that, during the Elimination Period and the Insured Employee Occupation Period shown in Statement 4 of the Application, the Insured Employee, because of Injury or Sickness, is:

- (1) continuously unable to perform the substantial and material duties of his regular occupation;
- (2) under the regular care of a licensed physician other than himself; and
- (3) not gainfully employed in any occupation for which he is or becomes qualified by education, training or experience.

After the Monthly Benefit has been payable for the Insured Employee Occupation Period shown in Statement 4 of the Application,

"Total Disability" means that, because of Injury or Sickness, the Insured Employee is:

- (1) continuously unable to engage in any occupation to which he is or becomes qualified by education, training or experience; and
- (2) under the regular care of a licensed physician other than himself.

"We", "Our" and "Us" means the Continental Casualty Company, Chicago, Illinois.

## **DISABILITY BENEFITS**

**TOTAL DISABILITY BENEFIT.** We will pay the Monthly Benefit for each month of Total Disability which continues after the Elimination Period. The Monthly Benefit will not be payable during the Elimination Period nor beyond the Maximum Period Payable.

**REHABILITATIVE EMPLOYMENT BENEFIT.** We will pay a Rehabilitative Employment Benefit for each month of Rehabilitative Employment which follows: (1) the Elimination Period; or (2) a period for which Total Disability Benefits were payable.

The amount payable will be equal to the Monthly Benefit less a portion of the Insured Employee's earnings from such employment. The portion which will be deducted is the Rehabilitative Employment Reduction shown in the Schedule of Benefits.

Rehabilitative Employment Benefits will cease: (1) on the date the Insured Employee's earnings from such Rehabilitative Employment equals or exceeds 100% of the Insured Employee's pre-Disability Salary; or (2) at the end of the Maximum Period Payable, whichever occurs first.

**GENERAL.** Total benefits payable for Total Disability and Rehabilitative Employment shall not exceed the Maximum Period Payable.

If a benefit is payable for a period less than 1 month, it will be paid on the basis of 1/30th of the Monthly Benefit for each day of Disability.

#### **EXTENSION OF MAXIMUM PERIOD PAYABLE**

The Maximum Period Payable will extend beyond the age at which the Monthly Benefit otherwise ceases if the disabled employee reaches that age but has not received 12 Monthly Benefit payments during the current period of Disability. In that event, the Maximum Period Payable shall be extended during the continuance of the Disability until a total of 12 monthly payments have been made.

T1-67949-A

#### **RECURRENT DISABILITY**

If Disability for which benefits were payable ends but recurs to the same or related causes less than six months after the end of a prior Disability, it will be considered a resumption of the prior Disability. Such recurrent Disability shall be subject to the provisions of this policy that were in effect at the time the prior Disability began.

Disability which recurs more than six months after the end of a prior Disability shall be subject to: (1) a new Elimination Period; (2) a new Maximum Period Payable; and (3) the other provisions of this policy that are in effect on the date the Disability recurs.

Disability must recur while the Insured Employee's coverage is in force under this policy.

T1-67950-B

#### **EXCLUSIONS AND LIMITATIONS**

The policy does not cover any loss caused by or resulting from:

- (1) declared or undeclared war or any act of either;
- (2) Disability beyond 24 months after the Elimination Period if it is due to mental or emotional disorders of any type; except that if at the end of such 24 month period, the Employee is confined in a hospital or other institution qualified to provide care and treatment incident to such Disability:
  - (a) if such confinement is for a period of not less than 14 consecutive days, indemnity will be paid during such confinement and for not longer than 90 days after the termination of such confinement; and
  - (b) if, during the 90 day period specified in paragraph (a) above, an Employee is reconfined in such hospital or institution for a period of not less than 14 consecutive days, indemnity will be paid during such reconfinement and for not longer than 90 days after the termination of such reconfinement; or
- (3) a Pre-existing condition.

### **TERMINATION OF EMPLOYEE'S INSURANCE**

The Insured Employee's coverage will terminate on the earliest of the following dates:

- (1) the date this policy is terminated;
- (2) the premium due date if the Employer fails to pay the required premium for the Insured Employee, except for an inadvertent error; or
- (3) the date the Insured Employee
  - (a) is no longer a member of a class eligible for this insurance,
  - (b) with draws from the program,
  - (c) is retired or pensioned, or
  - (d) ceases work because of a leave of absence, furlough, layoff or temporary work stoppage due to a labor dispute, unless We and the Employer have agreed in writing to continue insurance during such period.

Termination will not affect a covered loss which began before the date of termination.

T1-67951-A

### **PREMIUM**

Premium for this policy is computed as stated in Statement 5 of the Application. It shall be paid by the Employer as stated in Statement 6 of the Application. Payment is to be made to Us or Our Agent. The Premium rate may be changed at the end of the first insurance year or any later premium due date.

### **WAIVER OF PREMIUM**

We will waive premium for an Insured Employee during the period of Disability for which the Monthly Benefit is payable under this policy. During this period, the Insured Employee's insurance will remain in force. This provision is subject to the Termination of Employee's Insurance provision, except for payment of premium.

T1-67952-B

### **CERTIFICATES**

We will deliver certificates of insurance to the Employer for issuance to each Insured Employee. The certificates will describe the benefits, to whom they are payable, the policy limitations and where this policy may be inspected.

T1-67953-A

### **UNIFORM PROVISIONS**

**ENTIRE CONTACT; CHANGES.** This policy, the Application, the evidence of insurability (if any) of each Insured Employee, and any attached papers are the entire contract between the parties.

Any statement made by the Employer or any Insured Employee shall, in the absence of fraud, be a representation and not a warranty. No such statement shall void the insurance, reduce the benefits or be used in defense to a claim unless it is in writing and a copy furnished to the Employer or Insured Employee, whoever made the statement. No statement of the Employer will be used to void this policy after it has been in force for two years. No statement of any Insured Employee will be used in defense to a claim for loss incurred or disability which begins after the employee has been insured for 2 years.

No change in this policy is valid unless approved in writing on this policy by one of Our officers. No agent has the right to change this policy or to waive any of its provisions.

**GRACE PERIOD.** A grace period of 31 days is allowed for the payment of each premium due after the first premium. This policy will remain in force during the grace period.

A grace period will not apply if We have sent written notice to the Employer of Our intent not to renew this policy at least 31 days before the premium due date. Such notice will be sent to the Employer's last address as shown in Our records.

If the Employer gives Us written notice of his intent to renew this policy, the grace period will not apply. This policy will terminate on the date stated on the notice or on the date We receive such notice, whichever is later. The Employer will be liable for all premiums due for the period this policy remains in force including the grace period, if it applies.

**NOTICE OF CLAIM.** Written notice of claim must be given to Us within 30 days after the loss begins or as soon as reasonably possible

The notice will suffice if it identifies the Insured Employee and this policy. It must be sent to Us at Our Home Office, CNA Plaza, Chicago, Illinois 60685 or given to Our agent.

**CLAIM FORMS.** After We receive the written notice of claim, We will furnish claim forms within 15 days. If we do not, the claimant will be considered to have met the requirements for written proof of loss if We receive written proof which describes the occurrence, extent and nature of the loss.

**WRITTEN PROOF OF LOSS.** Written proof of loss must be furnished to Us within 90 days after the end of a period for which We are liable. If it is not possible to give the proof within 90 days, the claim is not affected if the proof is given as soon as reasonably possible. Unless the Insured Employee is legally incapacitated, written proof must be given within 1 year of the time it is otherwise due.

**TIME OF PAYMENT OF CLAIM.** Benefits will be paid monthly immediately after We receive due written proof of loss.

**PAYMENT OF CLAIM.** All Disability benefits are paid to the Insured Employee. Any accrued Disability or Survivor Income benefits unpaid at the Insured Employee's death will be paid to the named beneficiary, if any.

If there is no surviving named beneficiary, payment may be made at Our option, to the surviving person or persons in the first of the following classes of successive preference beneficiaries: the Insured Employee's (a) spouse; (b) children including legally adopted children; (c) parents; or (d) estate.

If any benefit is payable to an estate, a minor or a person not competent to give a valid release, We may pay up to \$1,000 to any relative or beneficiary of the Insured Employee whom We deem to be entitled to this amount. We will be discharged to the extent of such payment made by Us in good faith.

**PHYSICAL EXAMINATION.** At Our expense, We have the right to have a physician examine the Insured Employee as often as reasonably necessary while the claim is pending.

**LEGAL ACTIONS.** No action at law or in equity can be brought until after 60 days following the date written proof of loss was given. No action can be brought after 3 years (Kansas 5 years, South Carolina 6 years) from the date written proof is required.

**CONFORMITY WITH STATE STATUTES.** If any provision of this policy conflicts with the statutes of the state in which this policy was delivered or issued, it is automatically changed to meet the minimum requirements of the statute.

#### **GENERAL PROVISION**

We have the right to inspect all of the Employer's records on this policy at any reasonable time. This right will extend until: (1) 2 years after termination of this policy; or (2) all claims under this policy have been settled, whichever is later.

This policy is not in lieu of and does not affect any requirements for coverage by Worker's Compensation Insurance.

#### **SURVIVOR INCOME BENEFIT**

If an Insured Employee dies after having received the benefit provided by this policy for at least 12 successive months and during a period for which benefits are payable, We will pay a Survivor Income Benefit. This benefit is equal to the amount the Insured Employee was last entitled to receive for the month preceding his death.

The Survivor Income Benefit shall be payable on a monthly basis immediately after We receive written proof of the Insured Employee's death. It is payable for the period stated in Statement 9 of the Application. The benefit shall accrue from the Insured Employee's date of death.

This benefit is payable to the beneficiary, if any, named by the Insured Employee under this policy. If no such beneficiary exists, the benefit will be payable in accordance with the PAYMENT OF CLAIMS provisions.



# Continental Casualty Company



CNA Plaza  
Chicago, Illinois 60685

A Stock Company

## POLICY TERM AND PREMIUM RATE GUARANTEE RIDER

We agree to waive Our right to non-renew this policy and to change the premium rate. Such agreement shall be valid until the 1st annual anniversary date if:

- (1) There are no changes made to the program;
- (2) There is a minimum of 10 Insured Employees and there is less than a 25% change to the number of Insured Employee since the EFFECTIVE DATE of this policy; and
- (3) There are no new classes of employees, subsidiaries, affiliated companies or new acquisitions of the Employer added after the EFFECTIVE DATE of this policy.

This rider takes effect on the EFFECTIVE DATE of this policy, it is subject to all definitions, conditions and provisions of this policy not inconsistent herewith.

Attached to and made a part of Policy No. SR 83089679 issued to AMP Incorporated  
by Continental Casualty Company, General Office, Chicago, Illinois but the same shall not be binding upon Us unless countersigned by Our authorized agent.

*D. H. Chookasjian*  
Chairman of the Board

*D. M. Loney*  
Secretary

Countersigned by \_\_\_\_\_  
Licensed Resident Agent

### **CONTINUITY OF COVERAGE**

Continuity of coverage is provided as follows for all your Employees whose coverage and/or eligibility are affected by the cancellation of your prior group long-term disability insurance policy and replaced with this policy.

**EMPLOYEES ACTIVELY-AT-WORK.** Each employee insured under the prior policy on the date the Employer changed insurers will be covered by the benefits provided under this policy if such employee is:

- 1) eligible for coverage under this policy in accordance with its ELIGIBLE EMPLOYEES provision; and
- 2) actively-at-work on the Effective Date of this policy.

**EMPLOYEES NOT ACTIVELY-AT-WORK.** An employee not actively-at-work, due to Injury or Sickness, on the EFFECTIVE DATE of this policy will be covered for the benefits indicated below provided such employee:

- 1) was validly insured under the Employer's prior policy on the date of transfer; and
- 2) is a member of the ELIGIBLE EMPLOYEES under this policy.

The benefits provided will be the benefits provided by the prior policy less any benefits paid or payable under that policy.

Coverage will be provided until the earliest of the following dates:

- 1) the date the employee becomes eligible and insured under this policy as described in the ACTIVELY-AT-WORK provision above;
- 2) the date the employee's coverage ends in accordance with the termination provision of this policy; or
- 3) the date that is the end of any benefit extension as provided under the prior carrier's policy.

**PRE-EXISTING CONDITIONS.** If a Pre-existing Condition Exclusion is included in this policy, benefits may be payable for a disability due to a pre-existing condition for eligible employees who:

- 1) were actively-at-work on the date of transfer; and
- 2) insured under this policy on its Effective Date.

The benefit payable will be the benefit payable under this policy.

Any time applied towards satisfying the elimination or waiting periods of the same or similar provisions under the prior policy shall be credited towards our policy.